



SilverScript (Employer PDP) sponsored by State of Kansas

2012 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on 01/01/2013.

SilverScript® Insurance Company is a Medicare-approved Part D Sponsor.

Contact Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week to request materials in an alternate format or language. TTY users should call 1-866-236-1069. Llame al Servicio al Cliente 24 horas al día, los 7 días de la semana, al 1-800-837-4092 para solicitar materiales en un formato o idioma diferente. Los usuarios de teléfono de texto (TTY) pueden llamar al 1-866-236-1069.

Last updated 10/21/2011



What is the SilverScript (Employer PDP) formulary?

A formulary is a list of covered drugs selected by SilverScript (Employer PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

SilverScript (Employer PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript (Employer PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document includes only some of the drugs covered by SilverScript (Employer PDP). For a complete listing of all prescription drugs covered by SilverScript (Employer PDP), please visit our Web site at stateofkansas.silverscript.com or call 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

Can the formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or require quantity limits, prior authorization, and step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.



The enclosed formulary is current as of 10/21/2011. To get updated information about the drugs covered by SilverScript (Employer PDP), please visit our website at stateofkansas.silverscript.com or call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

The Tier column of the drug list outlines which tier your drug is in. Your share of the cost – also known as co-payment or co-insurance – depends on the tier in which your drug falls. The lower the tier, the lower the cost.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our print formulary by reprinting it with the new information. The updated version may be obtained from our Web site or by calling Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069. We will notify beneficiaries in writing prior to making this type of change.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins after this introduction on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript (Employer PDP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.



Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript (Employer PDP) before you fill your prescriptions. If you don't get approval, SilverScript (Employer PDP) may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*. This may be in addition to a standard one month or three month supply.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug, to treat your medical condition before we will cover another, drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript (Employer PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask us to make an exception to these restrictions or limits. See the section, "How do I request an exception to the SilverScript (Employer PDP) formulary?" below for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Care and confirm that your drug is not covered. You can contact Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.



If you learn that we do not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by SilverScript (Employer PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SilverScript (Employer PDP).
- You can ask SilverScript (Employer PDP) to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. However, State of Kansas has elected to provide additional supplemental coverage in some additional classes including some drugs that are not covered under Medicare Part D, such as Diabetic supplies, prescription Vitamins, Barbiturates, Benzodiazepines, and prescription Cough and Cold medications. Please check your formulary for a listing of all covered drugs.

How do I request an exception to the SilverScript (Employer PDP) formulary?

You can ask SilverScript (Employer PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs SilverScript (Employer PDP) limits the amount of the drug that we will cover. If applicable, and your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our 3 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the 2 tier instead. This would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier.

Generally, we will only approve your request for an exception if the alternative generic or preferred formulary drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an exception. **When you are requesting an exception you should submit a statement from your physician supporting your request.**



Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception? As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a one-time temporary supply for up to 30-days (or 31-days if you are a long-term care resident) when you go to a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information



For more detailed information about your SilverScript (Employer PDP) prescription drug coverage, please review your Evidence of Coverage.

If you have questions about SilverScript (Employer PDP), please call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. (TTY Users should call 1-866-236-1069.) Or visit stateofkansas.silverscript.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

SilverScript (Employer PDP)'s Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by SilverScript (Employer PDP). If you have trouble finding your drug in the list, turn to the index at the back of this book. Remember: This is only a partial list of drugs covered by SilverScript (Employer PDP). If your prescription is not in the partial formulary, please visit our Web site at stateofkansas.silverscript.com or call 1-800-837-4092, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lowercase italics (e.g., *levothyroxine*).

The information in the Notes column tells you if SilverScript (Employer PDP) has any special requirements for coverage of your drug.

- QL stands for Quantity Limits,
- PA stands for Prior Authorization,
- ST stands for Step Therapy,
- B/D stands for drugs that may be covered under Medicare Part B or D.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- NM Not available at mail-order.
- GC We provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

2012 Copper_4T (OCT_PA_STEP)

Drug Name	Tier	Drug Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM)	1	
<i>allopurinol inj 500mg</i> (generic of ALOPRIM)	1	
ALOPRIM	3	
<i>colchicine w/ probenecid</i>	1	
COLCRYS QL (60 tabs / 30 days)	2	QL
<i>probenecid</i>	1	
ULORIC	2	
ZYLOPRIM	3	
MISCELLANEOUS		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
VIMOVO	2	
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3)	1	
<i>acetaminophen-caff-dihydroco</i> <i>d</i>	1	
<i>butalbital-acetaminophen-caff</i> <i>eine w/ codeine</i> (generic of FIORICET/CODEINE)	1	
<i>butalbital-aspirin-caffeine</i> <i>w/cod</i> (generic of FIORINAL/CODEINE #3)	1	
<i>butorphanol tartrate</i> 10mg/ml QL (9 ml / 25 days)	1	QL
<i>butorphanol tartrate</i> 1mg/ml, 2mg/ml	1	
CAPITAL/CODEINE	3	
FIORICET/CODEINE	3	
FIORINAL/CODEINE #3	3	
HYCET	3	
<i>hydrocodone-acetaminophen</i> (generic of ANEXSIA)	1	
<i>hydrocodone-ibuprofen</i> (generic of IBUDONE)	1	
LORCET 10/650	3	
LORCET PLUS	3	
LORTAB	3	
MAXIDONE	3	

Drug Name	Tier	Drug Requirements/ Limits
NORCO	3	
PANLOR SS	3	
REPREXAIN	3	
STADOL	3	
SYNALGOS-DC	3	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
VICODIN	3	
VICODIN ES	3	
VICOPROFEN	3	
XODOL	3	
ZAMICET	3	
ZYDONE	3	
NARCOTIC ANALGESICS, CII		
ABSTRAL QL (120 ea / 30 days)	4	QL NM PA
ACTIQ QL (120 lpop / 30 days)	4	QL NM PA
AVINZA QL (60 ea / 30 days)	3	QL
<i>codeine sulfate</i> 30mg, 60mg	1	
CODEINE SULFATE 15mg	1	
DILAUDID 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
DILAUDID 2mg, 4mg, 8mg	3	
DILAUDID-5	2	
DILAUDID-HP	3	B/D
DOLOPHINE QL (240 tabs / 30 days)	3	QL
DURAGESIC 12mcg/hr, 25mcg/hr, 50mcg/hr QL (10 ea / 30 days)	3	QL
DURAGESIC 100mcg/hr, 75mcg/hr QL (10 ea / 30 days)	4	QL NM
EMBEDA QL (60 ea / 30 days)	3	QL
EXALGO QL (60 ea / 30 days)	2	QL
<i>fentanyl citrate inj 0.05 mg/ml</i>	1	B/D
FENTANYL CITRATE ORAL TRA 200mcg QL (120 lpop / 30 days)	1	QL PA
FENTANYL CITRATE ORAL TRA 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg QL (120 lpop / 30 days)	4	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl patch</i> (generic of DURAGESIC) QL (10 ea / 30 days)	1	QL
FENTORA QL (120 tabs / 30 days)	4	QL NM PA
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) 10mg/ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) 2mg, 4mg, 8mg	1	
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
KADIAN QL (60 ea / 30 days)	2	QL
<i>levorphanol tartrate</i>	1	
MAGNACET	3	
<i>methadone hcl</i> (generic of DOLOPHINE) 10mg, 5mg QL (240 tabs / 30 days)	1	QL
<i>methadone hcl</i> (generic of METHADONE HCL) 10mg/5ml, 10mg/ml, 5mg/5ml	1	
METHADONE HCL 10mg/ml	3	
MORPHINE SUL 20MG/ML ORAL SOL oral solution	1	
<i>morphine sulfate</i> .5mg/ml, 1mg/ml	1	B/D
<i>morphine sulfate</i> (generic of MS CONTIN) 100mg, 15mg, 30mg, 60mg QL (90 ea / 30 days) ext rel	1	QL
<i>morphine sulfate</i> (generic of MS CONTIN) 200mg QL (60 ea / 30 days)	1	QL
MORPHINE SULFATE 15mg, 30mg	1	
MORPHINE SULFATE 10mg/5ml, 20mg/5ml oral solution	2	
MS CONTIN 100mg, 15mg, 30mg, 60mg QL (90 ea / 30 days)	3	QL
MS CONTIN 200mg QL (60 ea / 30 days)	3	QL
NUCYNTA	3	
ONSOLIS QL (4 boxes / 25 days)	4	QL NM PA
OPANA	3	

Drug Name	Drug Requirements/ Tier	Limits
OPANA ER QL (120 ea / 30 days)	3	QL
ORAMORPH SR QL (90 ea / 30 days)	3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) 15mg, 30mg, 5mg	1	
OXYCODONE HCL 20mg/ml, 5mg	1	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET)	1	
<i>oxycodone-aspirin</i> (generic of PERCODAN)	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN QL (120 ea / 30 days)	2	QL
<i>oxymorphone hcl</i> (generic of OPANA)	1	
PERCOCET	3	
PERCODAN	3	
ROXICET	3	
ROXICET SOL 5-325/5	2	
ROXICODONE	3	
TYLOX	3	
NON-NARCOTIC ANALGESICS		
RYZOLT	3	
<i>tramadol hcl</i> (generic of ULTRAM ER)	1	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	1	
<i>tramadol-acetaminophen</i> (generic of ULTRACET)	1	
ULTRACET	3	
ULTRAM	3	
ULTRAM ER	3	
NSAIDS		
ANAPROX	3	
ANAPROX DS	3	
CATAFLAM	3	
CELEBREX	3	PA
CLINORIL	3	
DAYPRO	3	
<i>diclofenac potassium</i> (generic of CATAFLAM)	1	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR)	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	3	
<i>etodolac</i>	1	

Drug Name	Drug Requirements/ Tier Limits
FELDENE	3
FENOPROFEN CALCIUM	1
<i>flurbiprofen</i>	1
<i>ibuprofen</i>	1
INDOCIN	2
suspension	
<i>indomethacin</i>	1
<i>ketoprofen</i>	1
<i>mefenamic acid</i> (generic of PONSTEL)	1
<i>meloxicam</i> (generic of MOBIC)	1
MOBIC	3
<i>nabumetone</i>	1
NALFON	3
NAPRELAN	3
NAPROSYN	3
<i>naproxen</i> (generic of NAPROSYN)	1
<i>naproxen sodium</i> (generic of ANAPROX)	1
<i>oxaprozin</i> (generic of DAYPRO)	1
<i>piroxicam</i> (generic of FELDENE)	1
PONSTEL	3
<i>sulindac</i>	1
<i>tolmetin sodium</i>	1
VOLTAREN-XR	3
ZIPSOR	3
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE)	1
XYLOCAINE 1%	3
ANTI-INFECTIVES	
ANTIBACTERIALS	
ADOXA	3
ADOXA PAK 1/100	3
ADOXA PAK 1/150	3
ADOXA PAK 1/75	3
ADOXA PAK 2/100	3
<i>amikacin sulfate</i>	1
<i>amoxicillin</i>	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN)	1
<i>ampicillin</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ampicillin & sulbactam sodium</i> 1 (generic of UNASYN)	1
<i>ampicillin sodium</i>	1
AVELOX	2
AVELOX ABC PACK	2
<i>azithromycin</i> (generic of ZITHROMAX)	1
BACTOCILL IN DEXTROSE	3
BIAXIN	3
BIAXIN XL	3
BIAXIN XL PAC	3
BICILLIN C-R	2
BICILLIN L-A	2
CEDAX	3
<i>cefaclor</i>	1
CEFACTOR ER	2
<i>cefadroxil</i>	1
CEFAZOLIN INJ 1GM/50ML	2
<i>cefazolin sodium</i>	1
<i>cefdinir</i>	1
<i>cefepime hcl</i>	1
<i>cefotaxime sodium</i> (generic of CLAFORAN)	1
CEFOTETAN	3
<i>cefoxitin sodium</i> 10gm, 1gm, 2gm	1
CEFOXITIN SODIUM	3
<i>cefpodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i> (generic of FORTAZ)	1
CEFTIN	3
<i>ceftriaxone sodium</i>	1
<i>cefuroxime axetil</i> (generic of CEFTIN)	1
<i>cefuroxime sodium</i> (generic of ZINACEF)	1
<i>cephalexin</i>	1
CIPRO 500mg/5ml, 5gm/100ml suspension	2
CIPRO 250mg, 500mg, 750mg	3
<i>cipro i.v.</i> (generic of CIPRO I.V.)	1
CIPRO I.V.-IN D5W	3
<i>ciprofloxacin hcl</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin-ciprofloxacin hcl</i> ext rel	1
CLAFORAN	3
<i>clarithromycin</i>	1
DEMECLOCYCLINE HCL	1
<i>dicloxacillin sodium</i>	1
DORYX	3
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150)	1
DOXYCYCLINE CAP DR PARTICLES 100 MG	3
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) 100mg, 20mg, 50mg, 75mg	1
DOXYCYCLINE HYCLATE 75mg	3
DYNACIN	3
E.E.S. GRANULES	3
ERY-TAB	3
ERYPED 200	2
ERYPED 400	3
ERYTHROCIN LACTOBIONATE	2
<i>erythromycin base</i>	1
<i>erythromycin ethylsuccinate</i>	1
<i>erythromycin stearate</i>	1
FACTIVE	3
FORTAZ	3
<i>gentamicin in saline</i>	1
<i>gentamicin sulfate</i>	1
GENTAMICIN SULFATE/0.9% S	3
KEFLEX	3
LEVAQUIN	3
MINOCIN	3
<i>minocycline hcl</i> (generic of DYNACIN)	1
MONODOX	3
MOXATAG	3
<i>nafcillin sodium</i>	1
NALLPEN/DEXTROSE	3
<i>neomycin sulfate</i>	1
NOROXIN	3
<i>oxacillin sodium</i>	1
<i>paromomycin sulfate</i>	1
PCE	3
<i>penicillin g potassium</i>	1

Drug Name	Drug Requirements/ Tier Limits
PENICILLIN G POTASSIUM IN	3
PENICILLIN G PROCAINE	2
<i>penicillin g sodium</i>	1
<i>penicillin v potassium</i>	1
PERIOSTAT	3
PFIZERPEN-G	3
PIPERACILLIN SODIUM	3
<i>piperacillin</i> <i>sodium-tazobactam sodium</i> (generic of ZOSYN)	1
PROQUIN XR	3
ROCEPHIN	3
SOLODYN	3
<i>streptomycin sulfate</i>	1
SULFADIAZINE	2
SUPRAX	3
TEFLARO	3
<i>tetracycline hcl</i>	1
TIMENTIN	3
<i>tobramycin sulfate</i>	1
TOBRAMYCIN SULFATE/SODIUM	3
UNASYN	3
UNASYN BULK PACK	3
VIBRAMYCIN	3
ZINACEF	3
ZITHROMAX	3
ZITHROMAX TRI-PAK	3
ZITHROMAX Z-PAK	3
ZMAX	3
ZOSYN	3
ANTIFUNGALS	
ABELCET	3 B/D
AMBISOME	3 B/D
AMPHOTEC	3 B/D
<i>amphotericin b</i>	1 B/D
ANCOBON	2
CANCIDAS	4 NM
<i>clotrimazole</i> (generic of MYCELEX)	1
DIFLUCAN	3
DIFLUCAN IN NACL	3
ERAXIS	3
<i>fluconazole</i> (generic of DIFLUCAN)	1
<i>fluconazole in dextrose</i>	1

Drug Name	Drug Requirements/ Tier Limits	
GRIFULVIN V	3	
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i> (generic of SPORANOX)	1	PA
<i>ketoconazole</i>	1	
LAMISIL	3	
MYCAMINE	3	
NOXAFIL	4	NM
<i>nystatin</i>	1	
SPORANOX 100mg	3	PA
SPORANOX 10mg/ml	4	NM
SPORANOX PULSEPAK	3	PA
<i>terbinafine hcl</i> (generic of LAMISIL) QL (90 tabs / year)	1	QL
VFEND	4	NM
VFEND IV	2	
VFEND SUS 40MG/ML	4	NM
<i>voriconazole</i> (generic of VFEND)	4	NM
ANTIMALARIALS		
ARALEN	3	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
ANTIRETROVIRAL AGENTS		
APTIVUS	2	
ATRIPLA	4	NM
COMBIVIR	2	
CRIXIVAN	2	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	4	NM
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
FUZEON	4	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	4	NM
KALETRA	2	
LEXIVA	2	
NORVIR	2	

Drug Name	Drug Requirements/ Tier Limits	
PREZISTA 150mg, 75mg	2	
PREZISTA 400mg, 600mg	4	NM
RESCRIPTOR	2	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	NM
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX	2	
VIDEX EC	3	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	2	
ZERIT	3	
ZIAGEN	2	
<i>zidovudine</i> (generic of RETROVIR)	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	1	
<i>isoniazid</i>	1	
<i>isoniazid & rifampin</i> (generic of RIFAMATE)	1	
MYAMBUTOL	3	
MYCOBUTIN	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i> (generic of RIFADIN)	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX)	1	
<i>acyclovir sodium</i>	1	
BARACLUDE .05mg/ml	2	
BARACLUDE .5mg, 1mg	4	NM
COPEGUS	4	NM PA
CYTOVENE	3	B/D

Drug Name	Tier	Drug Requirements/ Limits
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
FAMVIR	3	
<i>foscarnet sodium</i>	1	
<i>ganciclovir</i> 250mg	1	
<i>ganciclovir</i> 500mg	4	NM
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	4	NM PA
REBETOL	4	NM PA
RELENZA DISKHALER	2	
<i>ribapak pak</i>	4	NM PA
<i>ribasphere tab 400mg</i>	4	NM PA
<i>ribasphere tab 600mg</i>	4	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS)	1	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU	2	
TYZEKA	4	NM PA
<i>valacyclovir hcl</i> (generic of VALTREX)	1	
VALCYTE	4	NM
VALTREX	3	
VICTRELIS	4	NM PA
VIRAZOLE	4	NM
VISTIDE	3	
ZOVIRAX 200mg, 200mg/5ml, 400mg, 800mg	3	
MISCELLANEOUS		
ALBENZA	2	
ALINIA 100mg/5ml QL (3 bottles / 30 days)	2	QL
ALINIA 500mg QL (12 tabs / 30 days)	2	QL
AZACTAM	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	3	
BACTRIM DS	3	
BILTRICIDE	3	
CLEOCIN 150mg, 300mg	3	
CLEOCIN CAP 75MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN)	1	

Drug Name	Tier	Drug Requirements/ Limits
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M)	1	B/D
COLY-MYCIN M	3	B/D
CUBICIN	4	B/D NM
<i>dapsone</i>	1	
DORIBAX	3	
<i>erythromycin-sulfisoxazole</i>	1	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	3	
HIPREX	3	
INVANZ	2	
MACROBID	3	
MACRODANTIN	3	
MACRODANTIN CAP 25MG	2	
<i>mebendazole</i>	1	
MEPRON	4	NM
<i>meropenem</i> (generic of MERREM)	1	
MERREM	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> (generic of FLAGYL)	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN)	1	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	1	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	1	
PENTAM 300	3	
<i>polymyxin b sulfite</i>	1	
PRIMAXIN	2	
PRIMSOL	3	
SEPTRA	3	
SEPTRA DS	3	
STROMECTOL	3	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole/trimetho</i> (generic of BACTRIM)	1	
SYNERCID	4	NM
<i>trimethoprim</i>	1	
TYGACIL	3	

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
VANCOGIN HCL capsule	4	NM
<i>vancomycin hcl</i>	1	B/D
VIBATIV	4	NM
XIFAXAN	3	
ZYVOX	4	NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	3	B/D
BICNU	2	B/D
BUSULFEX	2	B/D
CEENU	2	
<i>cyclophosphamide</i>	1	B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
HEXALEN	4	NM
IFEX	2	B/D
IFOSFAMIDE	1	B/D
LEUKERAN	2	
<i>melfalan hcl</i> (generic of ALKERAN)	1	B/D
MUSTARGEN	2	B/D
THIOTEPA	3	B/D
TREANDA	4	B/D NM
ZANOSAR	3	B/D
ANTHRACYCLINES		
CERUBIDINE	3	B/D
<i>daunorubicin hcl</i> (generic of CERUBIDINE)	1	B/D
DAUNOXOME	4	B/D NM
DOXIL	4	B/D NM
<i>doxorubicin hcl</i>	1	B/D
ELLECE	4	B/D NM
EPIRUBICIN HCL	4	B/D NM
IDAMYCIN PFS	3	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin</i>	1	B/D
ANTIMETABOLITES		
ALIMTA	4	B/D NM
ARRANON	3	B/D
CLOLAR	3	B/D
<i>cytarabine</i> 20mg/ml, 500mg	1	B/D
CYTARABINE 100mg/ml	3	B/D
DACOGEN	3	B/D NM
<i>fluorouracil inj</i>	1	B/D

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>gemcitabine hcl</i> (generic of GEMZAR)	4	B/D NM
GEMZAR	4	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL)	1	
<i>methotrexate sodium</i>	1	B/D
NIPENT	3	B/D
<i>pentostatin</i> (generic of NIPENT)	1	B/D
PURINETHOL	3	
TABLOID	2	
VIDAZA	4	B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	4	B/D NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D NM
CAMPATH	2	B/D
ERBITUX	4	B/D NM
HERCEPTIN	4	B/D NM
ISTODAX	4	B/D NM
ONTAK	2	B/D
PROLEUKIN	4	B/D NM
RITUXAN	4	NM PA
TORISEL	4	B/D NM
VECTIBIX	3	B/D NM
VELCADE	4	B/D NM
ZOLINZA	4	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX)	1	
ARIMIDEX	3	
AROMASIN	3	
ARZERRA	4	B/D NM
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	
DEPO-PROVERA INJ 400/ML	2	B/D
ELIGARD	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	2	
FASLODEX	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
FEMARA	3	
FIRMAGON	3	B/D NM
<i>flutamide</i>	1	
<i>letrozole</i> (generic of FEMARA)	1	
<i>leuprolide acetate</i>	1	NM PA
LUPRON DEPOT 11.25mg, 3.75mg	2	NM PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	4	NM PA
LUPRON DEPOT-PED	4	NM PA
MEGACE ES	2	
MEGACE ORAL	3	
<i>megestrol acetate</i>	1	
NILANDRON	2	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT MIXJECT	2	B/D NM
TRELSTAR LA MIXJECT	2	B/D NM
TRELSTAR MIXJECT	4	B/D NM
ZYTIGA	4	NM PA
KINASE INHIBITORS		
AFINITOR	4	NM
GLEEVEC	4	NM
IRESSA	4	NM
NEXAVAR	4	NM
SPRYCEL	4	NM
SUTENT	4	NM
TARCEVA	4	NM
TASIGNA	4	NM
TYKERB	4	NM
VANDETANIB	4	NM
VOTRIENT	4	NM
MISCELLANEOUS		
DROXIA	2	
ELSPAR	2	B/D NM
HALAVEN	4	B/D NM
HYDREA	3	
<i>hydroxyurea</i> (generic of HYDREA)	1	
IRINOTECAN	4	B/D NM
IXEMPRA KIT	4	B/D NM
LYSODREN	4	NM
MATULANE	4	NM
<i>mitoxantrone hcl</i>	1	B/D NM
NOVANTRONE	4	B/D NM
PHOTOFRIN	2	B/D
TARGRETIN 75mg	4	NM

Drug Name	Drug Requirements/ Tier	Limits
TRETINOIN 10mg capsule	4	NM
TRISENOX	2	B/D
UVADEX	3	B/D
NUCLEOSIDE ANALOGS		
<i>cladribine</i> (generic of LEUSTATIN)	1	B/D
FLUDARA	4	B/D NM
FLUDARABINE PHOSPHATE	4	B/D NM
LEUSTATIN	3	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
ELOXATIN	4	B/D NM
OXALIPLATIN	4	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	4	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD)	1	B/D
ELITEK	4	B/D NM
ETHYOL	4	B/D NM
<i>ifosfamide & mesna</i>	1	B/D
KEPIVANCE	3	B/D
<i>leucovorin ca inj</i>	1	B/D
<i>leucovorin calcium</i> 25mg, 5mg	1	
LEUCOVORIN CALCIUM 10mg, 15mg	2	
<i>mesna</i> (generic of MESNEX)	1	B/D
MESNEX 100mg/ml	4	B/D NM
MESNEX 400mg	4	NM
ZINECARD	3	B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	3	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i>	1	B/D
HYCANTIN injection	4	B/D NM
<i>topotecan hcl</i> (generic of HYCANTIN)	4	B/D NM
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)	1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>captopril & hydrochlorothiazide</i>	1
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1
<i>fosinopril sodium & hydrochlorothiazide</i>	1
<i>lisinopril & hydrochlorothiazide</i> (generic of PRINZIDE)	1
LOTENSIN HCT	3
LOTREL 5-40mg, 10-40mg	3
LOTREL	3
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	1
PRINZIDE	3
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1
TARKA	3
UNIRETIC	3
VASERETIC	3
ZESTORETIC	3
ACE INHIBITORS	
ACCUPRIL	3
ACEON	3
ALTACE	3
<i>benazepril hcl</i> (generic of LOTENSIN)	1
<i>captopril</i>	1
<i>enalapril maleate</i> (generic of VASOTEC)	1
<i>fosinopril sodium</i>	1
<i>lisinopril</i> (generic of PRINIVIL)	1
LOTENSIN	3
MAVIK	3
<i>moexipril hcl</i> (generic of UNIVASC)	1
<i>perindopril erbumine</i> (generic of ACEON)	1
PRINIVIL	3
<i>quinapril hcl</i> (generic of ACCUPRIL)	1
<i>ramipril</i> (generic of ALTACE)	1
<i>trandolapril</i> (generic of MAVIK)	1
UNIVASC	3
VASOTEC	3
ZESTRIL	3

Drug Name	Drug Requirements/ Tier Limits
ADRENOLYTICS, CENTRAL	
CATAPRES	3
CATAPRES-TTS-1	3
CATAPRES-TTS-2	3
CATAPRES-TTS-3	3
<i>clonidine hcl</i> (generic of CATAPRES)	1
<i>guanabenz acetate</i>	1
<i>guanfacine hcl</i> (generic of TENEX)	1
TENEX	3
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE	3
<i>eplerenone</i> (generic of INSPRA)	1
INSPRA	3
<i>spironolactone</i> (generic of ALDACTONE)	1
ALPHA BLOCKERS	
CARDURA	3
<i>doxazosin mesylate</i> (generic of CARDURA)	1
MINIPRESS	3
<i>prazosin hcl</i> (generic of MINIPRESS)	1
<i>terazosin hcl</i>	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
ATACAND HCT	3
AVALIDE	3
AZOR	2
BENICAR HCT	2
DIOVAN HCT	2
EXFORGE	2
EXFORGE HCT	2
HYZAAR	3
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	1
MICARDIS HCT	3
TEVETEN HCT	3
TRIBENZOR	2
TWYNSTA	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND	3
AVAPRO	3

Drug Name	Drug Requirements/ Tier Limits	
BENICAR	2	
COZAAR	3	
DIOVAN	2	
EDARBI	3	
<i>losartan potassium</i> (generic of COZAAR)	1	
MICARDIS	3	
TEVETEN	3	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> (generic of CORDARONE)	1	
<i>amiodarone inj 50mg/ml</i>	1	B/D
BETAPACE	3	
BETAPACE AF	3	
CORDARONE	3	
<i>disopyramide phosphate</i> (generic of NORPACE)	1	
<i>flecainide acetate</i> (generic of TAMBOCOR)	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR 100mg	2	
NORPACE CR 150mg	3	
PACERONE	3	
PACERONE TAB 100MG	2	
<i>propafenone hcl</i> (generic of RYTHMOL)	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL	3	
RYTHMOL SR	3	
<i>sotalol hcl</i> (generic of BETAPACE)	1	
TAMBOCOR	3	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	
CRESTOR	2	
LESCOL	3	
LESCOL XL	3	
LIPITOR	2	
LIVALO	3	
<i>lovastatin</i>	1	
MEVACOR	3	
PRAVACHOL	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>pravastatin sodium</i>	1	
<i>simvastatin</i> (generic of ZOCOR)	1	
ZOCOR	3	
ANTILIPEMICS, MISCELLANEOUS		
ADVICOR	3	
ANTARA	2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	1	
COLESTID	3	
<i>colestipol hcl</i> (generic of COLESTID)	1	
<i>fenofibrate</i> (generic of LOFIBRA)	1	
<i>fenofibrate micronized</i> (generic of LOFIBRA)	1	
FENOGLIDE	3	
<i>gemfibrozil</i> (generic of LOPID)	1	
LIPOFEN	2	
LOFIBRA	3	
LOPID	3	
LOVAZA	3	
<i>niacin</i>	1	
NIASPAN	2	
QUESTRAN	3	
SIMCOR	3	
TRICOR	2	
TRIGLIDE	3	
TRILIPIX	2	
VYTORIN	3	
WELCHOL	2	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
CORZIDE	3	
LOPRESSOR HCT	3	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol & hydrochlorothiazide</i>	1	

Drug Name	Drug Requirements/ Tier Limits
PROPRANOLOL/HYDROCH LOROTH	1
TENORETIC 100	3
TENORETIC 50	3
ZIAC	3
BETA-BLOCKERS	
<i>acebutolol hcl</i> (generic of SECTRAL)	1
<i>atenolol</i> (generic of TENORMIN)	1
<i>betaxolol hcl</i> (generic of KERLONE)	1
<i>bisoprolol fumarate</i> (generic of ZEBETA)	1
BYSTOLIC	3
<i>carvedilol</i> (generic of COREG)	1
COREG	3
COREG CR	3
CORGARD	3
INDERAL LA	3
KERLONE	3
<i>labetalol hcl</i> (generic of TRANDATE)	1
LEVATOL	3
LOPRESSOR	3
<i>metoprolol succinate</i> (generic of TOPROL XL)	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR)	1
<i>nadolol</i> (generic of CORCARD)	1
<i>pindolol</i>	1
<i>propranolol hcl</i>	1
SECTRAL	3
TENORMIN	3
<i>timolol maleate</i>	1
TOPROL XL	3
TRANDATE	3
ZEBETA	3
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
CADUET	3
CALCIUM CHANNEL BLOCKERS	
ADALAT CC	3
<i>amlodipine besylate</i> (generic of NORVASC)	1
CALAN	3

Drug Name	Drug Requirements/ Tier Limits
CALAN SR	3
CARDIZEM	3
CARDIZEM CD 360mg	2
CARDIZEM CD 120mg, 180mg, 240mg, 300mg	3
CARDIZEM LA	3
COVERA-HS	3
DILACOR XR	3
<i>diltiazem hcl</i> (generic of CARDIZEM) 120mg, 180mg, 240mg, 25mg/5ml, 30mg, 60mg, 90mg	1
DILTIAZEM HCL 100mg	3
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	1
DYNACIRC CR	3
<i>felodipine</i>	1
ISOPTIN SR	3
<i>isradipine</i>	1
<i>nicardipine hcl</i>	1
<i>nifediac cc</i> (generic of ADALAT CC)	1
<i>nifedical xl</i> (generic of PROCARDIA XL)	1
<i>nifedipine</i> (generic of ADALAT CC)	1
<i>nifedipine er</i> (generic of PROCARDIA XL)	1
NIMODIPINE	1
<i>nisoldipine</i> (generic of SULAR)	1
NORVASC	3
PROCARDIA XL	3
SULAR	3
TIAZAC	3
<i>verapamil hcl</i> (generic of VERELAN PM)	1
VERELAN	3
VERELAN PM	3
DIGITALIS GLYCOSIDES	
<i>digoxin</i> (generic of LANOXIN)	1
DIGOXIN SOL 50MCG/ML	1
LANOXIN .125mg, .25mg	2
LANOXIN .1mg/ml, .25mg/ml	3
DIRECT RENIN INHIBITORS/COMBINATIONS	

Drug Name	Drug Requirements/ Tier	Limits
AMTURNIDE	2	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
VALTURNA	2	
DIURETICS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> (generic of MIDAMOR)	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DEMADEX	3	
DIAMOX	3	
DIURIL	3	
DIURIL IV	3	
DYAZIDE	3	
DYRENIUM	3	
EDECRIN	3	
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	1	
FUROSEMIDE 8mg/ml	3	
<i>hydrochlorothiazide</i> (generic of MICROZIDE)	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i> (generic of NEPTAZANE)	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
MICROZIDE	3	
SODIUM EDECRIN	3	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	3	
<i>torsemide</i> (generic of DEMADAX) 100mg, 10mg, 20mg, 5mg	1	
TORSEMIDE 20mg/2ml	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide</i> (generic of DYAZIDE)	1	
ZAROXOLYN	3	
MISCELLANEOUS		
BIDIL	2	
CLORPRES	1	
DEMSER	3	
DIBENZYLINE	3	
<i>hydralazine hcl</i>	1	
<i>methyl dopa</i>	1	
<i>methyl dopa & hydrochlorothiazide</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RANEXA	2	
NITRATES		
DILATRATE SR	3	
ISORDIL TITRADOSE 40mg	2	
ISORDIL TITRADOSE 5mg	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i> (generic of MONOKET)	1	
<i>minitran</i> (generic of NITRO-DUR) patch	1	
MONOKET	3	
NITRO-BID	3	
NITRO-DUR .3mg/hr, .8mg/hr	2	
0.3mg, 0.8mg		
NITRO-DUR .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> (generic of NITRO-DUR) patch	1	
NITROLINGUAL	2	
PUMPSPRAY		
NITROMIST	3	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NM PA
LETAIRIS	4	NM PA
REMODULIN	4	B/D NM
REVATIO	4	NM PA
TRACLEER	4	NM LA PA
VENTAVIS	4	B/D NM
CENTRAL NERVOUS SYSTEM		

Drug Name	Drug Requirements/ Tier Limits	
ANTI-ANXIETY		
<i>bupirone hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
LUVOX CR	3	
ANTICONVULSANTS		
BANZEL	3	
<i>carbamazepine</i> (generic of TEGRETOL)	1	
CARBATROL	3	
CELONTIN	2	
DEPAON	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DILANTIN	2	
DILANTIN INFATABS	2	
<i>divalproex sodium</i> (generic of DEPAKOTE)	1	
<i>ethosuximide</i> (generic of ZARONTIN)	1	
FELBATOL	3	
<i>gabapentin</i> (generic of NEURONTIN) 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 250mg/5ml QL (5 bottles / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
KEPPRA 1000mg, 100mg/ml, 250mg, 500mg, 750mg	3	
KEPPRA 500mg/5ml injection	3	
KEPPRA XR	3	

Drug Name	Drug Requirements/ Tier Limits	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERS	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKI	3	
LAMICTAL STARTER/TAKING C	3	
LAMICTAL STARTER/TAKING V	3	
LAMICTAL XR	3	
<i>lamotrigine</i> (generic of LAMICTAL)	1	
<i>levetiracetam</i> (generic of KEPPRA)	1	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 caps / 30 days)	2	QL
LYRICA 300mg QL (60 caps / 30 days)	2	QL
MYSOLINE	3	
NEURONTIN 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN 250mg/5ml QL (5 bottles / 30 days) solution	3	QL
NEURONTIN 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN 600mg QL (180 tabs / 30 days)	3	QL
NEURONTIN 800mg QL (120 tabs / 30 days)	3	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
PEGANONE	2	
PHENYTEK	3	
<i>phenytoin</i> (generic of DILANTIN)	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN)	1	
<i>primidone</i> (generic of MYSOLENE)	1	
SABRIL	4	NM
STAVZOR	3	
TEGRETOL	3	

Drug Name	Drug Requirements/ Tier Limits
TEGRETOL XR TAB 100MG	2
TEGRETOL-XR	3
TOPAMAX	3
TOPAMAX SPRINKLE	3
<i>topiramate</i> (generic of TOPAMAX)	1
TRILEPTAL	3
<i>valproate sodium</i> (generic of DEPAICON)	1
<i>valproic acid</i> (generic of DEPAKENE)	1
VIMPAT	2
ZARONTIN	3
ZONEGRAN	3
<i>zonisamide</i> (generic of ZONEGRAN)	1
ANTIDEMENTIA	
ARICEPT 10mg, 5mg 5mg, 10mg	3
ARICEPT 23mg	3
ARICEPT ODT 5mg, 10mg	3
<i>donepezil hydrochloride</i> (generic of ARICEPT)	1
EXELON 2mg/ml soln	2
EXELON 4.6mg/24hr, 9.5mg/24hr patch	2
EXELON 1.5mg, 3mg, 4.5mg, 6mg	3
<i>galantamine hydrobromide</i> (generic of RAZADYNE)	1
NAMENDA	2
NAMENDA TITRATION PAK	2
RAZADYNE	3
RAZADYNE ER	3
<i>rivastigmine tartrate</i> (generic of EXELON)	1
ANTIDEPRESSANTS	
<i>amitriptyline hcl</i>	1
AMOXAPINE	2
ANAFRANIL	3
APLENZIN	3
<i>bupropion hcl</i> (generic of WELLBUTRIN)	1
CELEXA	3
<i>citalopram hydrobromide</i> (generic of CELEXA)	1

Drug Name	Drug Requirements/ Tier Limits
<i>clomipramine hcl</i> (generic of ANAFRANIL)	1
CYMBALTA	2
<i>desipramine hcl</i> (generic of NORPRAMIN)	1
<i>doxepin hcl</i>	1
EFFEXOR XR	3
EMSAM	2
<i>fluoxetine hcl</i> (generic of PROZAC)	1
<i>imipramine hcl</i> (generic of TOFRANIL)	1
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	1
LEXAPRO	3
<i>maprotiline hcl</i>	1
MARPLAN	2
<i>mirtazapine</i> (generic of REMERON)	1
NARDIL	3
<i>nefazodone hcl</i>	1
NORPRAMIN	3
<i>nortriptyline hcl</i> (generic of PAMELOR)	1
OLEPTRO	3
PAMELOR	3
PARNATE	3
<i>paroxetine hcl</i> (generic of PAXIL)	1
PAXIL	3
PAXIL CR	3
PEXEVA	3
<i>phenelzine sulfate</i> (generic of NARDIL)	1
PRISTIQ	3
<i>protriptyline hcl</i> (generic of VIVACTIL)	1
PROZAC	3
PROZAC WEEKLY	3
REMERON	3
REMERON SOLTAB	3
<i>sertraline hcl</i> (generic of ZOLOFT)	1
SURMONTIL 100mg	2
SURMONTIL 25mg, 50mg	3
TOFRANIL	3
TOFRANIL-PM	3

Drug Name	Tier	Drug Requirements/ Limits
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i> 100mg, 150mg, 25mg, 37.5mg, 50mg, 75mg	1	
<i>venlafaxine hcl</i> (generic of VENLAFAXINE HCL ER) 150mg, 37.5mg, 75mg	3	
VENLAFAXINE HCL ER	3	
VIIIBRYD	3	
VIVACTIL	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	NM
AZILECT	2	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	1	
<i>carbidopa-levodopa</i> (generic of PARCOPA)	1	
COGENTIN	3	
COMTAN	2	
ELDEPRYL	3	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
PARCOPA	3	
PARLODEL	3	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX)	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole hydrochloride</i> (generic of REQUIP)	1	
<i>selegiline hcl</i> (generic of ELDEPRYL)	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	

Drug Name	Tier	Drug Requirements/ Limits
STALEVO 75	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
ANTIPSYCHOTICS		
ABILIFY	3	
ABILIFY DISCMELT	3	
CHLORPROMAZ INJ 25MG/ML	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i> (generic of CLOZARIL)	1	
CLOZARIL	3	
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON	3	
GEODON INJ	3	
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100)	1	
<i>haloperidol lactate</i>	1	
INVEGA	3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NM
LATUDA	3	
<i>loxapine succinate</i> (generic of LOXITANE)	1	
LOXITANE	3	
NAVANE	3	
ORAP	2	
<i>perphenazine</i>	1	
RISPERDAL	3	
RISPERDAL CONSTA 12.5mg, 25mg	2	
RISPERDAL CONSTA 37.5mg, 50mg	4	NM
RISPERDAL M-TAB	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>risperidone</i> (generic of RISPERDAL) .25mg, .5mg, 1mg, 1mg/ml, 2mg, 3mg, 4mg	1	
<i>risperidone</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg ODT	1	
SAPHRIS	3	
SEROQUEL	2	
SEROQUEL XR	2	
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i> (generic of NAVANE)	1	
<i>trifluoperazine hcl</i>	1	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	PA
<i>amphetamine-dextroamphetamine</i> (generic of ADDERALL)	1	PA
CONCERTA	3	PA
DAYTRANA	3	PA
DEXEDRINE	3	PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)	1	PA
INTUNIV	3	
METADATE CD	3	PA
METHYLIN	3	PA
<i>methylphenidate hcl</i> (generic of RITALIN) 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	1	PA
<i>methylphenidate hcl</i> 10mg, 20mg ext rel	1	
RITALIN	3	PA
RITALIN LA	3	PA
RITALIN SR	3	PA
STRATTERA	2	PA
VYVANSE	3	PA
HYPNOTICS		
AMBIEN QL (30 tabs / 30 days)	3	QL
AMBIEN CR QL (30 ea / 30 days)	3	QL
EDLUAR QL (30 ea / year)	3	QL
LUNESTA QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier Limits	
ROZEREM QL (30 tabs / 30 days)	3	QL
SONATA QL (30 caps / 30 days)	3	QL
<i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) 10mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN CR) 12.5mg, 6.25mg QL (30 ea / 30 days)	1	QL
MIGRAINE		
AMERGE QL (9 tabs / 30 days)	3	QL
AXERT QL (12 tabs / 30 days)	3	QL
CAFERGOT	3	
D.H.E. 45	3	
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	1	
ERGOMAR	3	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
FROVA QL (18 tabs / 30 days)	3	QL
IMITREX 100mg, 25mg, 50mg QL (9 tabs / 30 days)	3	QL
IMITREX 20mg/act, 5mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX 6mg/0.5ml QL (20 vials / 30 days)	3	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (8 cartridges / 30 days)	3	QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (8 syringes / 30 days)	3	QL
MAXALT QL (12 tabs / 30 days)	2	QL
MAXALT-MLT QL (12 ea / 30 days)	2	QL
MIGERGOT	2	
MIGRANAL QL (8 bottles / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	1	QL
RELPAK QL (12 tabs / 30 days)	3	QL
<i>sumatriptan succinate</i> (generic of IMITREX) 100mg, 25mg, 50mg QL (9 tabs / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) 4mg/0.5ml, 6mg/0.5ml QL (20 vials / 30 days)	1	QL
TREXIMET QL (9 tabs / 30 days)	3	QL
ZOMIG 2.5mg, 5mg QL (12 tabs / 30 days)	3	QL
ZOMIG 5mg QL (2 bottles / 30 days)	3	QL
ZOMIG ZMT QL (12 ea / 30 days)	3	QL
MISCELLANEOUS		
EQUETRO	3	
GUANIDINE HCL	2	
LITHIUM CARB TAB 300MG <i>lithium carbonate</i> (generic of LITHIUM CARBONATE)	1	
LITHIUM CITRATE	2	
LITHOBID	3	
MESTINON 60mg/5ml	2	
MESTINON 60mg	3	
MESTINON TIMESPAN	2	
MYTELASE	3	
NUEDEXTA	3	PA
<i>pyridostigmine bromide</i> (generic of MESTINON)	1	
REGONOL	2	
RILUTEK	4	NM
SAVELLA	3	
SAVELLA TITRATION PACK	3	
XENAZINE	4	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	NM PA
AVONEX QL (4 syringes / 28 days)	4	QL NM PA
BETASERON QL (14 vials / 28 days)	4	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COPAXONE QL (30 syringes / 30 days)	4	QL NM PA
EXTAVIA QL (14 syringes / 28 days)	4	QL NM PA
GILENYA	4	NM PA
REBIF QL (12 syringes / 28 days)	4	QL NM PA
REBIF TITRATION PACK QL (12 syringes / 28 days)	4	QL NM PA
TYSABRI	4	NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	3	PA
<i>baclofen</i>	1	
<i>carisoprodol</i> (generic of SOMA) QL (120 tabs / 30 days)	1	QL PA
<i>carisoprodol w/ aspirin</i> QL (240 tabs / 30 days)	1	QL PA
<i>carisoprodol w/ aspirin & codeine</i> QL (240 tabs / 30 days)	1	QL PA
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)	1	PA
<i>cyclobenzaprine hcl</i> (generic of FLEXERIL) 10mg, 5mg	1	PA
<i>cyclobenzaprine hcl</i> (generic of AMRIX) 15mg, 30mg	1	
DANTRIUM	3	
<i>dantrolene sodium</i> (generic of DANTRIUM)	1	
FEXMID	3	PA
FLEXERIL	3	PA
<i>metaxalone</i> (generic of SKELAXIN)	1	PA
<i>methocarbamol</i> (generic of ROBAXIN)	1	PA
<i>orphenadrine citrate</i>	1	PA
<i>orphenadrine w/ aspirin & caff</i>	1	PA
PARAFON FORTE DSC	3	PA
ROBAXIN	3	PA
ROBAXIN INJ 100MG/ML	2	
SKELAXIN	3	PA
SOMA QL (120 tabs / 30 days)	3	QL PA
<i>tizanidine hcl</i>	1	
ZANAFLEX	3	

Drug Name	Tier	Drug Requirements/ Limits
NARCOLEPSY/CATAPLEXY		
NUVIGIL	2	PA
PROVIGIL	3	PA
XYREM	4	NM LA PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	2	
<i>buprenorphine hcl</i> (generic of SUBUTEX)	1	PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	1	
CAMPRAL	2	PA
CHANTIX	3	PA
<i>fluoxetine hcl</i> (pmdd)	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i> (generic of REVIA)	1	
NICOTROL INHALER	3	PA
NICOTROL NS	3	PA
<i>perphenazine-amitriptyline</i>	1	
REVIA	3	
SARAFEM	3	
SUBOXONE	3	PA
SUBOXONE SL FILM	2	PA
SUBUTEX	3	PA
VIVITROL	4	NM
ZYBAN	3	
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	4	NM PA
ANDRODERM	2	PA
ANDROGEL QL (300 gm / 30 days)	2	QL PA
ANDROGEL PUMP QL (150 gm / 30 days)	2	QL PA
ANDROXY	2	PA
AXIRON	3	PA
DEPO-TESTOSTERONE	3	
FORTESTA	3	PA
OXANDRIN	3	PA
<i>oxandrolone</i> (generic of OXANDRIN) 2.5mg	1	PA
<i>oxandrolone</i> (generic of OXANDRIN) 10mg	4	NM PA
STRIANT	3	PA
TESTIM QL (300 gm / 30 days)	3	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE)	1	

Drug Name	Tier	Drug Requirements/ Limits
<i>testosterone enanthate</i> (generic of DELATESTRYL)	1	
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS	2	
APIDRA	2	
APIDRA SOLOSTAR	2	
BYETTA	2	PA
GAUZE PADS 2X2	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTR)	2	
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLIN	2	PA
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
VICTOZA QL (3 pens / 30 days)	2	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	3	

Drug Name	Drug Requirements/ Tier	Limits
ACTOS 15mg QL (90 tabs / 30 days)	2	QL
ACTOS 30mg QL (45 tabs / 30 days)	2	QL
ACTOS 45mg QL (30 tabs / 30 days)	2	QL
AMARYL 1mg QL (240 tabs / 30 days)	3	QL
AMARYL 2mg QL (120 tabs / 30 days)	3	QL
AMARYL 4mg QL (60 tabs / 30 days)	3	QL
DIABETA 1.25mg QL (480 tabs / 30 days)	3	QL
DIABETA 2.5mg QL (240 tabs / 30 days)	3	QL
DIABETA 5mg QL (120 tabs / 30 days)	3	QL
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 2.5mg QL (240 ea / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 5mg QL (120 ea / 30 days)	1	QL
<i>glipizide er tab 10mg</i> (generic of GLUCOTROL XL) QL (60 ea / 30 days)	1	QL
<i>glipizide-metformin hcl</i> (generic of METAGLIP)	1	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL 10mg QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
GLUCOTROL 5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL XL 10mg QL (60 ea / 30 days)	3	QL
GLUCOTROL XL 2.5mg QL (240 ea / 30 days)	3	QL
GLUCOTROL XL 5mg QL (120 ea / 30 days)	3	QL
GLUCOVANCE	3	
GLUMETZA	3	
<i>glyburide</i> 1.25mg QL (480 tabs / 30 days)	1	QL
<i>glyburide</i> 2.5mg QL (240 tabs / 30 days)	1	QL
<i>glyburide</i> 5mg QL (120 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 3mg QL (120 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 6mg QL (60 tabs / 30 days)	1	QL
<i>glyburide-metformin</i> (generic of GLUCOVANCE)	1	
GLYCRON QL (90 tabs / 30 days)	3	QL
GLYNASE 1.5mg QL (240 tabs / 30 days)	3	QL
GLYNASE 3mg QL (120 tabs / 30 days)	3	QL
GLYNASE 6mg QL (60 tabs / 30 days)	3	QL
GLYSET	3	
JANUMET	2	
JANUVIA	2	
KOMBIGLYZE XR	2	
METAGLIP	3	
<i>metformin hcl</i> (generic of GLUCOPHAGE) 1000mg, 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) 750mg QL (90 ea / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin tab 500mg er</i> (generic of GLUCOPHAGE XR) QL (120 ea / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX)	1	
ONGLYZA	2	
PRANDIMET	3	
PRANDIN	2	
PRECOSE	3	
RIOMET	3	
STARLIX	3	
BISPHOSPHONATES		
ACTONEL	3	
<i>alendronate sodium</i> (generic of FOSAMAX)	1	
AREDIA 30mg	3	B/D
AREDIA 90mg	4	B/D NM
AELVIA	3	
BONIVA 150mg	2	
BONIVA 3mg/3ml	2	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
ZOMETA	4	B/D NM
CALCITONINS		
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	1	
MIACALCIN 200unit/ml	2	B/D
MIACALCIN 200unit/act	3	
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	4	NM
CHELATING AGENTS		
CHEMET	3	
EXJADE 125mg	2	NM PA
EXJADE 250mg, 500mg	4	NM PA
KAYEXALATE	3	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE)	1	
SYPRINE	2	
CONTRACEPTIVES		
BEYAZ	3	
BREVICON-28	3	
CYCLESSA	3	

Drug Name	Drug Requirements/ Tier	Limits
DEPO-PROVERA CONTRACEPTIV	3	
DEPO-SUBQ PROVERA 104	3	
DESOGEN	3	
<i>desogestrel & ethinyl estradiol</i> (generic of DESOGEN)	1	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	1	
<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1	
ESTROSTEP FE	3	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i> (generic of NORDETTE-28)	1	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B)	1	
<i>levonorgestrel-eth estradiol</i> (triphasic)	1	
<i>levonorgestrel-ethinyl estradiol</i> (91-day) (generic of SEASONALE)	1	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN 24 FE	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LOSEASONIQUE	3	
LYBREL	3	
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	1	
MODICON-28	3	
NECON 10/11-28	2	
NOR-QD	3	
NORDETTE-28	3	
<i>norethin acet & estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>norethindrone & eth estradiol</i> (generic of BREVICON-28)	1	
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	1	

Drug Name	Tier	Drug Requirements/ Limits
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1.5/30-21)	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	1	
<i>norethindrone-eth estradiol</i> (<i>triphasic</i>) (generic of ORTHO-NOVUM 7/7/7)	1	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	1	
<i>norgestimate-ethinyl estradiol</i> (<i>triphasic</i>) (generic of ORTHO TRI-CYCLEN)	1	
<i>norgestrel & ethinyl estradiol</i> (generic of LO/OVRAL)	1	
NORINYL 1+35	3	
NUVARING	2	
ORTHO EVRA	2	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	2	
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	
ORTHO-NOVUM 7/7/7-28	3	
OVCON-35	3	
OVCON-50 28	3	
SEASONALE	3	
SEASONIQUE	3	
TRI-NORINYL 28	3	
YASMIN 28	3	
YAZ	3	
<i>zovia</i>	1	
ENDOMETRIOSIS		
<i>danazol</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS		
ADAGEN	4	NM PA
ALDURAZYME	4	NM PA
BUPHENYL	4	NM
BUPHENYL 500mg tablet	4	NM
CARNITOR	3	B/D
CEREDASE	4	NM
CEREZYME	4	NM PA
CYSTADANE	4	NM
CYSTAGON	2	NM
ELAPRASE	4	NM PA
FABRAZYME	4	NM PA
KUVAN	4	NM PA

Drug Name	Tier	Drug Requirements/ Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1	B/D
MYOZYME	4	NM PA
NAGLAZYME	4	NM PA
ORFADIN	4	NM PA
VPRIV	4	NM PA
ZAVESCA	4	NM PA
ESTROGEN/PROGESTINS		
ACTIVELLA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>estradiol & norethindrone acetate</i> (generic of ACTIVELLA)	1	
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT 1/5)	1	
PREFEST	3	
PREMPHASE	3	PA
PREMPRO	3	PA
ESTROGENS		
ALORA	3	
CENESTIN	3	PA
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
ELESTRIN	3	
ENJUVIA	3	PA
ESTRACE	3	
ESTRADERM	2	
<i>estradiol</i> (generic of CLIMARA)	1	
<i>estradiol valerate</i> (generic of DELESTROGEN)	1	
ESTRING	3	
<i>estropipate</i>	1	PA
EVAMIST	3	
FEMRING	3	
FEMTRACE	3	
MENEST	3	PA
MENOSTAR	3	
PREMARIN .3mg, .45mg, .625mg, .9mg, 1.25mg	3	PA
PREMARIN 25mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PREMARIN W/APPLICATOR	3	
VAGIFEM	3	
VIVELLE-DOT	2	
GLUCOCORTICOIDS		
CELESTONE	3	
CORTEF	3	
<i>cortisone acetate</i>	1	
DEPO-MEDROL	3	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate</i>	1	
DEXPAK 13 DAY	3	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i> (generic of CORTEF)	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF)	1	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone</i> (generic of MEDROL)	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	1	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	1	
MILLIPRED	3	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED)	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF 250mg	2	
SOLU-CORTEF 100mg	3	
SOLU-MEDROL	3	
VERIPRED 20	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
HUMAN GROWTH HORMONES		
GENOTROPIN	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	4	NM PA
HUMATROPE 6mg	3	NM PA
HUMATROPE 12mg, 24mg	4	NM PA
HUMATROPE COMBO PACK	4	NM PA
NORDITROPIN FLEXPPO	4	NM PA
NORDITROPIN NORDIFLEX PEN	4	NM PA
NUTROPIN	4	NM PA
NUTROPIN AQ PEN	4	NM PA
OMNITROPE	4	NM PA
SAIZEN	4	NM PA
SAIZEN CLICK.EASY	4	NM PA
SEROSTIM	4	NM PA
TEV-TROPIN	4	NM PA
ZORBTIVE	4	NM PA
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>chorionic gonadotropin</i>	1	NM PA
INCRELEX	4	NM PA
METHERGINE	3	
<i>octreotide acetate</i> (generic of SANDOSTATIN) 100mcg/ml, 200mcg/ml, 50mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 1000mcg/ml, 500mcg/ml	4	NM PA
PROLIA	3	NM PA
SAMSCA	4	NM PA
SANDOSTATIN	4	NM PA
SANDOSTATIN LAR DEPOT	4	NM PA
SOMATULINE DEPOT	4	NM PA
SOMAVERT	4	NM PA
XGEVA	4	NM PA
PARATHYROID HORMONES		
FORTEO	4	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	1	
ELIPHOS	3	
FOSRENOL	2	
PHOSLO	2	
RENAGEL	2	
RENVELA	2	
PROGESTINS		

Drug Name	Drug Requirements/ Tier Limits	
AYGESTIN	3	
CRINONE	3	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	1	
PROMETRIUM	3	
PROVERA	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
CYTOMEL	3	
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>levoxyl</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT)	1	
<i>methimazole</i> (generic of TAPAZOLE)	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
TAPAZOLE	3	
THYROLAR-1	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
VASOPRESSINS		
DDAVP .01%, .1mg, .2mg	3	
DDAVP 4mcg/ml	4	NM
<i>desmopressin acetate</i> (generic of DDAVP)	1	
<i>desmopressin acetate</i> <i>refrigerated</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i>	1	
STIMATE	3	NM
GASTROINTESTINAL ANTIEMETICS		
ALOXI	4	B/D NM
ANTIVERT	3	
CESAMET QL (60 caps / 30 days)	3	B/D QL

Drug Name	Drug Requirements/ Tier Limits	
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	1	QL PA
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	4	QL NM PA
EMEND 80mg QL (4 caps / 30 days)	2	B/D QL
EMEND 125mg QL (2 caps / 30 days)	2	B/D QL
EMEND 40mg	2	
<i>granisetron hcl</i>	1	B/D
GRANISOL	3	B/D
MARINOL 2.5mg QL (60 caps / 30 days)	3	QL PA
MARINOL 10mg, 5mg QL (60 caps / 30 days)	4	QL NM PA
<i>meclizine hcl</i> (generic of ANTIVERT)	1	
<i>metoclopramide hcl</i> (generic of REGLAN)	1	
METOZOLV ODT	3	
<i>ondansetron</i> (generic of ZOFTRAN ODT)	1	B/D
<i>ondansetron hcl</i>	1	B/D
<i>ondansetron inj</i>	1	B/D
PHENERGAN	3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN)	1	
REGLAN	3	
SANCUSO QL (4 ptch / 30 days)	2	QL
TIGAN	3	PA
TRANSDERM-SCOP QL (24 ea / year)	2	QL PA
<i>trimethobenzamide hcl</i> (generic of TIGAN)	1	PA
ZOFTRAN	3	B/D
ZOFTRAN ODT	3	B/D
ZUPLENZ	3	B/D
ANTISPASMODICS		
<i>atropine sulfate</i>	1	
BENTYL 10mg, 10mg/5ml, 20mg	3	PA
BENTYL 10mg/ml	3	
CANTIL	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>dicyclomine hcl</i> (generic of BENTYL)	1	PA
<i>dicyclomine inj</i>	1	
<i>glycopyrrolate</i> (generic of ROBINUL)	1	
<i>methscopolamine bromide</i> (generic of PAMINE)	1	
PAMINE	3	
PAMINE FORTE	3	
ROBINUL	3	
ROBINUL FORTE	3	
H2-RECEPTOR ANTAGONISTS		
AXID	3	
<i>cimetidine</i>	1	
<i>cimetidine inj 150mg/ml</i>	1	
<i>cimetidine sol 300/5ml</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i> (generic of AXID)	1	
PEPCID 20mg, 40mg	3	
PEPCID 40mg/5ml suspension	3	
PEPCID I.V.	3	
<i>ranitidine hcl</i> (generic of ZANTAC)	1	
ZANTAC	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL	3	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
CANASA	2	
CIMZIA	4	NM PA
COLAZAL	3	
CORTENEMA	3	
DIPENTUM	3	
ENTOCORT EC	4	NM
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i>	1	
PENTASA	2	
ROWASA	3	
<i>sulfasalazine</i> (generic of AZULFIDINE)	1	

LAXATIVES

Drug Name	Drug Requirements/ Tier	Limits
COLYTE-FLAVOR PACKS	3	
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i>	1	
RELISTOR	2	PA
SUPREP BOWEL PREP	3	
VISICOL	3	
MISCELLANEOUS		
ACTIGALL	3	
AMITIZA	2	
CARAFATE 1gm/10ml	2	
CARAFATE 1gm	3	
CYTOTEC	3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL)	1	PA
GASTROCROM	4	NM
HELIDAC	3	
LOMOTIL	3	PA
<i>loperamide hcl</i>	1	
LOTRONEX	2	
<i>misoprostol</i> (generic of CYTOTEC)	1	
MOTOFEN	3	PA
PYLERA	3	
<i>sucrafate</i> (generic of CARAFATE)	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i> (generic of URSO 250)	1	
XIFAXAN TAB 550MG	4	NM PA
PANCREATIC ENZYMES		
CREON	3	ST
PANCREAZE	2	
ZENPEP	2	

Drug Name	Tier	Drug Requirements/ Limits
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC	2	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 ea / 30 days)	3	QL
DEXILANT QL (30 ea / 30 days)	2	QL
<i>lansoprazole</i> (generic of PREVACID) QL (30 ea / 30 days)	1	QL
<i>lansoprazole odt</i> (generic of PREVACID SOLUTAB) QL (30 ea / 30 days)	1	QL
NEXIUM QL (30 ea / 30 days)	2	QL
NEXIUM GRANULES QL (30 / 30 days)	2	QL
NEXIUM I.V. <i>omeprazole</i> (generic of PRILOSEC) 10mg, 40mg QL (30 ea / 30 days)	2	
<i>omeprazole</i> (generic of PRILOSEC) 20mg QL (60 ea / 30 days)	1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) QL (30 ea / 30 days)	1	QL
PREVACID QL (30 ea / 30 days)	3	QL
PREVACID SOLUTAB QL (30 ea / 30 days)	3	QL
PRILOSEC 10mg, 40mg QL (30 ea / 30 days)	3	QL
PRILOSEC 20mg QL (60 ea / 30 days)	3	QL
PROTONIX 20mg, 40mg QL (30 ea / 30 days)	3	QL
PROTONIX 40mg injection	3	
PROTONIX 40mg QL (1 box / 30 days)	3	QL
ZEGERID QL (1 packet / 30 days)	3	QL
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
AVODART	3	
CARDURA XL	3	
<i>finasteride</i> (generic of PROSCAR)	1	

Drug Name	Tier	Drug Requirements/ Limits
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
UROXATRAL	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE)	1	
ELMIRON	3	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10)	1	
URECHOLINE	3	
URINARY ANTISPASMODICS		
DETROL	3	
DETROL LA	2	
DITROPAN XL	3	
ENABLEX	2	
GELNIQUE	2	
<i>oxybutynin chloride</i> (generic of DITROPAN XL)	1	
OXYTROL	3	
SANCTURA	3	
SANCTURA XR	3	
TOVIAZ	3	
<i>tropium chloride</i> (generic of SANCTURA)	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 2%	3	
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
GYNAZOLE-1	3	
METROGEL-VAGINAL	3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole nitrate vaginal</i>	1	
TERAZOL 3	3	
TERAZOL 7	3	
<i>terconazole vaginal</i> (generic of TERAZOL 7)	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA 2.5mg/0.5ml	2	

Drug Name	Drug Requirements/ Tier	Limits
ARIXTRA 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	NM
COUMADIN 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	2	
COUMADIN 5mg	3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	1	
FRAGMIN 25000unit/ml, 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 7500unit/0.3ml	4	NM
HEP SOD/NAACL INJ 25000	2	B/D
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	1	B/D
<i>heparin sod (porcine) in d5w</i>	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
<i>heparin sodium (porcine)</i>	1	B/D
INNOHEP	3	
LOVENOX	3	
PRADAXA	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM PA
EPOGEN	3	PA
LEUKINE	4	NM PA
MOZOBIL	4	NM PA
NEULASTA	4	NM PA
NEUPOGEN	4	NM PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM PA
MISCELLANEOUS		
AGRYLIN	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>anagrelide hcl</i> (generic of AGRYLIN)	1	PA
<i>cilostazol</i> (generic of PLETAL)	1	
CYKLOKAPRON	2	
<i>pentoxifylline</i> (generic of TRENTAL)	1	
PLETAL	3	
PROMACTA	4	NM PA
TRENTAL	3	
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	2	
<i>dipyridamole</i> (generic of PERSANTINE)	1	PA
EFFIENT	2	
PERSANTINE	3	PA
PLAVIX	2	
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	4	NM PA
ARAVA	4	NM
ENBREL	4	NM PA
HUMIRA	4	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
KINERET	4	NM PA
<i>leflunomide</i> (generic of ARAVA)	1	
<i>methotrexate tab 2.5mg</i>	1	
ORENCIA	4	NM PA
PLAQUENIL	3	
REMICADE	4	NM PA
RHEUMATREX	2	
SIMPONI	4	NM PA
TREXALL	3	B/D
IMMUNOGLOBULINS		
CARIMUNE NANOFILTERED	4	NM PA
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	4	NM PA
GAMMAPLEX	4	NM PA
GAMUNEX	4	NM PA
HIZENTRA	4	NM PA
VIVAGLOBIN	4	NM PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NM PA
ARCALYST	4	NM PA
INFERGEN	4	NM PA
INTRON-A	4	B/D NM
INTRON-A W/DILUENT	4	B/D NM

Drug Name	Drug Requirements/ Tier Limits	
PEG-INTRON	4	NM PA
PEG-INTRON REDIPEN	4	NM PA
PEGASYS	4	NM PA
REVLIMID	4	NM LA PA
THALOMID	4	NM PA
IMMUNOSUPPRESSANTS		
ATGAM	3	B/D
AZASAN	2	B/D
<i>azathioprine</i> (generic of IMURAN)	1	B/D
<i>azathioprine inj 100mg</i>	1	B/D
CELLCEPT	2	B/D
CELLCEPT INTRAVENOUS	3	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE)	1	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL)	1	B/D
IMURAN	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	1	B/D
MYFORTIC	2	B/D
NEORAL	2	B/D
ORTHOCLONE OKT3	3	B/D
PROGRAF .5mg, 1mg	2	B/D
PROGRAF 5mg/ml	3	B/D
PROGRAF 5mg	4	B/D NM
RAPAMUNE	2	B/D
SANDIMMUNE 100mg, 100mg/ml, 25mg	2	B/D
SANDIMMUNE 50mg/ml	3	B/D
SIMULECT	3	B/D
<i>tacrolimus</i> (generic of PROGRAF) .5mg, 1mg	1	B/D
<i>tacrolimus</i> (generic of PROGRAF) 5mg	4	B/D NM
THYMOGLOBULIN	3	B/D
ZORTRESS .25mg, .5mg	2	B/D
ZORTRESS .75mg	4	B/D NM
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B	2	B/D

Drug Name	Drug Requirements/ Tier Limits	
GARDASIL	2	
HAVRIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
SYNAGIS	4	NM
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE	3	
K-TABS	3	
KLOR-CON M15	2	
<i>magnesium sulfate</i> 50%	1	
MAGNESIUM SULFATE 40mg/ml, 80mg/ml	3	
<i>parenteral electrolytes</i>	1	B/D
<i>potassium chloride</i> (generic of K-TABS) 10meq, 2meq/ml, 8meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SOD FLUORIDE 2.2MG TAB	1	
<i>sodium chloride</i> 2.5meq/ml	1	
IV NUTRITION		
<i>amino acid electrolyte infusion</i>	1	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>amino acid infusion</i> (generic of AMINOSYN II)	1	B/D
AMINOSYN	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 3.5%/DEXTROSE	2	B/D
AMINOSYN II 4.25%/DEXTROSE	2	B/D
AMINOSYN II 5%/DEXTROSE 25	2	B/D
AMINOSYN II M 3.5%/DEXTRO	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
CLINIMIX 2.75%/DEXTROSE 5	2	B/D
CLINIMIX 4.25%/DEXTROSE 1	2	B/D
CLINIMIX 4.25%/DEXTROSE 2	2	B/D
CLINIMIX 4.25%/DEXTROSE 5	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE	2	B/D
CLINIMIX E 4.25%/DEXTROSE	2	B/D
CLINIMIX E 5%/DEXTROSE 15	2	B/D
CLINIMIX E 5%/DEXTROSE 20	2	B/D
CLINIMIX E 5%/DEXTROSE 25	2	B/D
<i>fat emulsion</i> (generic of INTRALIPID)	1	B/D
FREAMINE III 3%	2	B/D
HEPATASOL	2	B/D
INTRALIPID	2	B/D
LIPOSYN II	2	B/D
LIPOSYN III	2	B/D
NEPHRAMINE	2	B/D
PREMASOL	2	B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PROCALAMINE	2	B/D
PROSOL	2	B/D
TRAVASOL	2	B/D
TROPHAMINE	2	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose</i>	1	
DEXTROSE 5%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
<i>dextrose w/ sodium chloride</i>	1	
<i>electrolyte-m in dextrose</i>	1	
<i>electrolyte-r</i>	1	
<i>electrolyte-r in dextrose</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
IONOSOL-T/DEXTROSE 5%	2	
ISOLYTE-H/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S/DEXTROSE 5%	2	
KCL 0.15%/D10W/NACL 0.2%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.225%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>lactated ringer's</i>	1	
MAGNESIUM SULFATE IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE 56	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-148/D5W	2	
PLASMA-LYTE-56/D5W	2	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml	1	
POTASSIUM CHLORIDE 0.3%/	2	
<i>potassium chloride in d5w lactated ringers</i>	1	
<i>potassium chloride in dextrose</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride in dextrose & sodium chloride</i> (generic of KCL 0.15%/D5W/NAACL 0.9%)	1	
<i>potassium chloride in nacl</i> (generic of POTASSIUM CHLORIDE 0.15%)	1	
<i>ringer's</i>	1	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	1	
VITAMINS		
CALCIJEX	3	B/D
<i>calcitriol</i> (generic of ROCALTROL)	1	B/D
HECTOROL	3	B/D
<i>prenatal vitamins</i>	1	
ROCALTROL	3	B/D
ZEMPLAR	2	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	2	
MAXITROL	3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (ophth)	1	
POLY-PRED	3	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin</i> (ophthalmic)	1	
<i>bacitracin-polymyxin b</i> (ophth)	1	
BESIVANCE	3	
BLEPH-10	3	
CILOXAN .3%	2	
CILOXAN .3%	3	
<i>ciprofloxacin hcl</i> (ophth) (generic of CILOXAN)	1	
<i>erythromycin</i> (ophth)	1	
<i>gentamicin sulfate</i> (ophth) (generic of GARAMYCIN)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin</i> (ophth) (generic of QUIXIN)	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN)	1	
NEOSPORIN	3	
OCUFLOX	3	
<i>ofloxacin</i> (ophth) (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
POLYTRIM	3	
QUIXIN	3	
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH-10)	1	
<i>tobramycin sulfate</i> (ophth) (generic of TOBEX)	1	
TOBEX	3	
TOBEX OINT 0.3%	2	
<i>trifluridine</i> (generic of VIROPTIC)	1	
VIGAMOX	2	
VIROPTIC	3	
ZIRGAN	3	
ZYMAR	2	
ZYMAXID	2	
ANTI-INFLAMMATORIES		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
BROMDAY	3	
<i>bromfenac sodium</i> (ophth)	1	
<i>dexamethasone sodium phosphate</i> (ophth)	1	
<i>diclofenac sodium</i> (ophth) (generic of VOLTAREN)	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i> (ophth) (generic of FML LIQUIFILM)	1	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	1	
FML oint	2	
FML FORTE	3	
FML LIQUIFILM	3	

Drug Name	Drug Requirements/ Tier Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS)	1
LOTEMAX	3
MAXIDEX	3
NEVANAC	3
OCUFEN	3
OMNIPRED	3
PRED FORTE	3
PRED MILD	3
PRED-G	3
PRED-G S.O.P.	3
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSP	2
VEXOL	3
VOLTAREN	3
ANTIALLERGICS	
ALAMAST	3
ALOCRIAL	3
ALOMIDE	3
ALREX	2
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	1
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
ELESTAT	3
EMADINE	3
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1
LASTACAFT	3
OPTIVAR	3
PATADAY	2
PATANOL	2
ANTIGLAUCOMA	
ALPHAGAN P .1%	2
ALPHAGAN P .15%	3
AZOPT	2
BETAGAN	3
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	3
BETOPTIC-S	2
<i>brimonidine tartrate</i>	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3

Drug Name	Drug Requirements/ Tier Limits
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN) QL (2.5ml / 30 days)	1 QL
<i>levobunolol hcl</i>	1
LUMIGAN QL (2.5ml / 30 days)	2 QL
<i>metipranolol</i> (generic of OPTIPRANOLOL)	1
OPTIPRANOLOL	3
PHOSPHOLINE IODIDE	3
PILOPINE HS	2
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) .25%, .5%	1
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) .25%, .5% gel	1
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE	3
TRAVATAN Z QL (2.5ml / 30 days)	2 QL
TRUSOPT	3
XALATAN QL (2.5ml / 25 days)	3 QL
MISCELLANEOUS	
ALCAINE	3
BOTOX	4 NM PA
LACRISERT	2
<i>naphazoline hcl</i>	1
<i>proparacaine hcl</i> (generic of ALCAINE)	1
RESTASIS	2
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
COMBIVENT QL (2 inhalers / 30 days)	2 QL
DUONEB	3 B/D
<i>ipratropium-albuterol</i> (generic of DUONEB)	1 B/D
ANTICHOLINERGICS	
ATROVENT	3

Drug Name	Tier	Drug Requirements/ Limits
ATROVENT HFA QL (2 inhalers / 30 days)	2	QL
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER QL (30 caps / 30 days)	2	QL
ANTI-HISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
<i>promethazine & phenylephrine</i>	1	PA
SEMPREX-D	3	
ANTI-HISTAMINES		
ASTELIN QL (2 bottles / 30 days)	3	QL
ASTEPRO QL (2 spray-bottles / 30 days)	2	QL
<i>azelastine hcl</i> (generic of ASTELIN) QL (2 bottles / 30 days)	1	QL
<i>carbinoxamine maleate</i> (generic of PALGIC)	1	
<i>cetirizine hcl</i> syrup	1	
CLARINEX	3	
CLARINEX REDITABS	3	
<i>clemastine fumarate</i>	1	
<i>cyproheptadine hcl</i>	1	PA
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydram inj 50mg/ml</i> (generic of BENADRYL)	1	
<i>fexofenadine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	PA
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i>	1	PA
<i>levocetirizine tab 5 mg</i> (generic of XYZAL)	1	
PALGIC	3	
PATANASE	3	
VISTARIL	3	PA
XYZAL	3	
BETA AGONISTS		
ACCUNEB	3	B/D
<i>albuterol sulfate</i> .083%, .5%, .63mg/3ml, 1.25mg/3ml	1	B/D

Drug Name	Tier	Drug Requirements/ Limits
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	1	
BROVANA	3	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE)	1	B/D
PERFOROMIST	3	B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2 inhalers / 25 days)	3	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
VOSPIRE ER	3	
XOPENEX	3	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
SINGULAIR	2	
<i>zafirlukast</i> (generic of ACCOLATE)	1	
ZYFLO CR	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	4	NM PA
CAYSTON	4	NM PA
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	4	NM PA
PROLASTIN	4	NM PA
PROLASTIN-C	4	NM PA
PULMOZYME	4	B/D NM
TOBI	4	B/D NM
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DR	3	
XOLAIR	4	NM PA
ZEMAIRA	4	NM PA
NASAL STEROIDS		

Drug Name	Tier	Drug Requirements/ Limits
BECONASE AQ QL (2 inhalers / 30 days)	3	QL
FLONASE QL (1 bottle / 30 days)	3	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	1	QL
NASACORT AQ QL (1 inhaler / 30 days)	2	QL
NASONEX QL (2 inhalers / 30 days)	3	QL
OMNARIS QL (1 inhaler / 25 days)	3	QL
RHINOCORT AQUA QL (2 inhalers / 30 days)	3	QL
VERAMYST QL (1 bottle / 30 days)	3	QL
STEROID INHALANTS		
ALVESCO QL (2 inhalers / 25 days)	3	QL
ASMANEX 120 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 14 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 30 METERED DOSES QL (2 inhalers / 30 days)	2	QL
ASMANEX 60 METERED DOSES QL (2 inhalers / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA 44mcg/act QL (2 inhalers / 25 days)	3	QL
PULMICORT	3	B/D
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 30 days)	3	QL

Drug Name	Tier	Drug Requirements/ Limits
QVAR QL (3 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (1 kit / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
DULERA QL (1 inhaler / 25 days)	2	QL
SYMBICORT QL (1 inhalers / 30 days)	2	QL
XANTHINES		
<i>aminophylline</i>	1	
ELIXOPHYLLIN	2	
LUFYLLIN	3	
THEO-24	2	
<i>theophylline</i>	1	
TOPICAL DERMATOLOGY, ACNE		
ACANYA	3	
<i>adapalene</i> (generic of DIFFERIN)	1	
AKNE-MYCIN	3	
ATRALIN	3	
AZELEX	3	
BENZAACLIN WITH PUMP	3	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
CLEOCIN-T	3	
CLINDAGEL	3	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZAACLIN)	1	
DIFFERIN	3	
EPIDUO	3	
<i>erythromycin (acne aid)</i>	1	
EVOCLIN	3	
<i>isotretinoin cap 10 mg</i>	1	
KLARON	3	
RETIN-A	3	
RETIN-A MICRO	3	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	

Drug Name	Drug Requirements/ Tier	Limits
TRETIN-X	3	
<i>tretinoin</i> (generic of RETIN-A) .01%, .025%, .05%, .1%	1	
ZIANA	3	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
EFUDEX	3	
FLUOROPLEX	3	
<i>fluorouracil</i> (topical)	1	
SOLARAZE	2	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	
BACTROBAN 2%	2	
BACTROBAN 2% ointment	3	
BACTROBAN NASAL	3	
CORTISPORIN	3	
<i>gentamicin sulfate</i> (topical)	1	
<i>mupirocin</i> (generic of BACTROBAN)	1	
PHISOHEX	3	
SILVADENE	3	
<i>silver sulfadiazine</i> (generic of SILVADENE)	1	
SULFAMYLON	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox 0.77% crm, gel, susp</i> (generic of LOPROX)	1	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	1	
<i>clotrimazole</i> (topical)	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>ketconazole</i> (topical) 2%	1	
LOPROX	3	
LOPROX SHAMPOO	3	
MENTAX	3	
NAFTIN	3	
<i>nystatin</i> (topical)	1	
<i>nystatin pow 100000</i>	1	
OXISTAT	3	
DERMATOLOGY, ANTIPRURITIC		
ANUSOL-HC	3	
CORTIFOAM	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone</i> (rectal) (generic of ANUSOL-HC) 2.5%	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
8-MOP	3	
AMEVIVE	4	NM
<i>calcipotriene</i> (generic of DOVONEX)	1	
DOVONEX cream	2	
DOVONEX SCALP solution	3	
OXSORALEN ULTRA	4	NM PA
SORIATANE	4	NM PA
STELARA	4	NM PA
TAZORAC	3	
VECTICAL	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole</i> (topical) (generic of NIZORAL) 2%	1	
NIZORAL	3	
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO)	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	2	
ZOVIRAX 5% cream, ointment	2	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	3	
ALA SCALP	3	
<i>alclometasone dipropionate</i> (generic of ACLOVATE)	1	
<i>amcinonide .1%</i>	1	
AMCINONIDE .1%	3	
<i>betamethasone dipropionate</i> (topical)	1	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE)	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
CARMOL-HC	3	
<i>clobetasol propionate</i> (generic of TEMOVATE)	1	
<i>clobetasol propionate</i> <i>emollient base</i> (generic of TEMOVATE E)	1	
CLOBEX	3	

Drug Name	Drug Requirements/ Tier Limits
CLODERM	3
CORDRAN	3
CORDRAN SP	3
CORDRAN TAPE	3
CUTIVATE	3
DERMA-SMOOTH/FS BODY OIL	2
DERMATOP	3
DESONATE	3
<i>desonide</i> (generic of DESOWEN)	1
DESOWEN	3
DESOWEN LOTION/CETAPHIL C	3
DESOWEN OINTMENT/CETAPHIL	3
<i>desoximetasone</i> (generic of TOPICORT)	1
<i>diflorasone diacetate</i>	1
DIPROLENE	3
DIPROLENE AF	3
ELOCON	3
<i>fluocinolone acetonide</i>	1
<i>fluocinonide</i>	1
<i>fluocinonide emulsified base</i>	1
<i>fluticasone propionate</i> (generic of CUTIVATE)	1
<i>halobetasol propionate</i> (generic of ULTRAVATE)	1
HALOG	3
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) 1%	1
<i>hydrocortisone (topical)</i>	1
<i>hydrocortisone butyrate</i> (generic of LOCOID)	1
<i>hydrocortisone valerate</i> (generic of WESTCORT)	1
KENALOG	3
LOCOID	3
LOCOID LIPOCREAM	3
LUXIQ	3
<i>mometasone furoate</i> (generic of ELOCON)	1
OLUX-E	3
PANDEL	3
<i>prednicarbate</i> (generic of DERMATOP)	1
PROCTOCORT	3

Drug Name	Drug Requirements/ Tier Limits
TACLONEX	3
TACLONEX SCALP	3
TEMOVATE	3
TOPICORT	3
TOPICORT LP	3
<i>triamcinolone acetonide</i> (<i>topical</i>)	1
TRIAMCINOLONE ACETONIDE I .05% ointment	3
ULTRAVATE	3
<i>urea-hc acetate</i> (generic of CARMOL-HC)	1
VANOS	3
VERDESO	3
WESTCORT	3
DERMATOLOGY, IMMUNOMODULATORS	
ELIDEL	2 PA
PROTOPIC	2 PA
DERMATOLOGY, LOCAL ANESTHETICS	
EMLA	3
<i>lidocaine</i>	1
<i>lidocaine hcl</i> (generic of XYLOCAINE JELLY)	1
<i>lidocaine-prilocaine</i> (generic of EMLA)	1
LIDODERM	2 PA
SYNERA	3
XYLOCAINE 4%	3
XYLOCAINE JELLY	3
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
ALDARA	3
<i>ammonium lactate</i> (generic of LAC-HYDRIN)	1
CONDYLOX	3
<i>imiquimod</i> (generic of ALDARA)	1
LAC-HYDRIN	3
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1
OXSORALEN	3
PANRETIN	4 NM
PENNSAID	2
<i>podofilox</i> (generic of CONDYLOX)	1
TARGRETIN 1%	4 NM
VOLTAREN GEL 1%	2

Drug Name	Drug Requirements/ Tier Limits	
ZYCLARA	2	
DERMATOLOGY, ROSACEA		
FINACEA	3	
METROCREAM	3	
METROGEL	2	
METROLOTION	3	
<i>metronidazole (topical)</i> (generic of METROCREAM)	1	
NORITATE	3	
ORACEA	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
OVIDE	3	
<i>permethrin</i>	1	
ULESFIA	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	4	NM PA
SANTYL	2	
<i>sodium chloride (gu irrigant)</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX)	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	2	
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SALAGEN	3	
<i>triamcinolone acetonide</i> (<i>mouth</i>)	1	
OTIC		
<i>acetic acid (otic)</i> (generic of VOSOL)	1	
<i>acetic acid sol/hc</i> (generic of VOSOL HC)	1	
CIPRO HC	3	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN	3	
CORTISPORIN-TC	3	
DERMOTIC	2	

Drug Name	Drug Requirements/ Tier Limits	
<i>hydrocortisone w/acetic acid</i> (generic of VOSOL HC)	1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN)	1	
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<i>sulfate</i>	CRIXIVAN.....	5	DECAVAC	27
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DEPO-MEDROL	22	<i>dexamethasone sodium</i>		DILAUDID-HP.....	1
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<i>acetate</i>	22	<i>dexchlorpheniramine</i>		<i>diltiazem hcl</i>	11
DEPO-PROVERA		<i>maleate</i>	31	DILTIAZEM HCL.....	11
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DEPO-PROVERA INJ		DEXILANT	25	DIOVAN.....	10
400/ML.....	7	DEXPAK 13 DAY	22	DIOVAN HCT	9
DEPO-SUBQ PROVERA		<i>dexrazoxane</i>	8	DIPENTUM.....	24
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<i>desipramine hcl</i>	14	DIAMOX.....	12	<i>disopyramide phosphate</i> ...	10
<i>desmopressin acetate</i>	23	DIBENZYLIN	12	DITROPAN XL.....	25
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<i>refrigerated</i>	23	<i>diclofenac sodium</i>	2	DIURIL	12
<i>desmopressin acetate spray</i>		<i>diclofenac sodium (ophth)</i> .	29	DIURIL IV	12
<i>refrigerated</i>	23	<i>dicloxacin sodium</i>	4	<i>divalproex sodium</i>	13
DESOGEN	20	<i>dicyclomine hcl</i>	24	DIVIGEL	21
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<i>estradiol</i>	20	<i>didanosine</i>	5	see <i>methadone hcl</i>	2
<i>desogestrel & ethinyl</i>		DIFFERIN	32	<i>donepezil hydrochloride</i> ...	14
<i>estradiol</i>	20	see <i>adapalene</i>	32	DORIBAX	6
<i>desogestrel-ethinyl estradiol</i>		<i>diflorasone diacetate</i>	34	DORYX.....	4
<i>(biphasic)</i>	20	DIFLUCAN.....	4	<i>dorzolamide hcl</i>	30
<i>desogestrel-ethinyl estradiol</i>		see <i>fluconazole</i>	4	<i>dorzolamide hcl-timolol</i>	
<i>(triphasic)</i>	20	DIFLUCAN IN NACL.....	4	<i>maleate</i>	30
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<i>doxepin hcl</i>	14	ELIPHOS	22	<i>erythromycin (acne aid)</i>	32
DOXIL	7	ELITEK	8	<i>erythromycin (ophth)</i>	29
<i>doxorubicin hcl</i>	7	ELIXOPHYLLIN	32	<i>erythromycin base</i>	4
<i>doxycycline (monohydrate)</i> .4		ELLECE	7	<i>erythromycin ethylsuccinate</i> 4	
DOXYCYCLINE CAP DR		ELMIRON	25	<i>erythromycin stearate</i>	4
PARTICLES 100 MG	4	ELOCON.....	34	<i>erythromycin-sulfisoxazole</i> .6	
<i>doxycycline hyclate</i>	4	<i>see mometasone furoate</i>		ESTRACE.....	21
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<i>estradiol</i>	20	EMADINE	30	<i>acetate</i>	21
DROXIA	8	EMBEDA.....	1	<i>estradiol valerate</i>	21
DUETACT	19	EMCYT	7	ESTRING.....	21
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DUONEB.....	30	EMLA.....	34	ESTROSTEP FE	20
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DUREZOL.....	29	<i>enalapril maleate</i>	9	<i>ethosuximide</i>	13
DYAZIDE	12	<i>enalapril maleate &</i>		<i>ethynodiol diacet & eth</i>	
<i>see triamterene &</i>		<i>hydrochlorothiazide</i>	9	<i>estrad</i>	20
<i>hydrochlorothiazide</i>	12	ENBREL	26	ETHYOL	8
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<i>econazole nitrate</i>	33	<i>epinephrine hcl</i>	31	EVOCLIN.....	32
EDARBI.....	10	EPIPEN 2-PAK	31	EVOXAC.....	35
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<i>electrolyte-r in dextrose</i>	28	<i>ergotamine w/ caffeine</i>	16	FABRAZYME.....	21
ELESTAT	30	ERTACZO.....	33	FACTIVE	4
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.....	30	ERYPED 400	4	<i>famotidine</i>	24
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.....	15	see <i>fluticasone propionate</i>		<i>fosinopril sodium &</i>	
FARESTON.....	7	(<i>nasal</i>).....	32	<i>hydrochlorothiazide</i>	9
FASLODEX.....	7	FLOVENT DISKUS.....	32	FOSRENOL.....	22
<i>fat emulsion</i>	28	FLOVENT HFA.....	32	FRAGMIN.....	26
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<i>felodipine</i>	11	PHOSPHATE.....	8	<i>furosemide</i>	12
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<i>acetate-ethinyl estradiol</i>	21	<i>flunisolide (nasal)</i>	32	GABITRIL.....	13
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<i>fenofibrate micronized</i>	10	<i>fluorometholone (ophth)</i>	29	GAMUNEX.....	26
FENOGLIDE.....	10	FLUOROPLEX.....	33	<i>ganciclovir</i>	6
FENOPROFEN CALCIUM.....	3	<i>fluorouracil (topical)</i>	33	<i>ganciclovir inj 500mg</i>	6
<i>fantanyl citrate inj 0.05</i>		<i>fluorouracil inj</i>	7	GARAMYCIN	
<i>mg/ml</i>	1	<i>fluoxetine hcl</i>	14	see <i>gentamicin sulfate</i>	
FENTANYL CITRATE ORAL		<i>fluoxetine hcl (pmdd)</i>	18	(<i>ophth</i>).....	29
TRA.....	1	<i>fluphenazine decanoate</i>	15	GARDASIL.....	27
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<i>fexofenadine hcl</i>	31	<i>flutamide</i>	8	<i>gemcitabine hcl</i>	7
FINACEA.....	35	<i>fluticasone propionate</i>	34	<i>gemfibrozil</i>	10
<i>finasteride</i>	25	<i>fluticasone propionate</i>		GEMZAR.....	7
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<i>butalbital-acetaminophen-</i>		<i>fluvoxamine tab 100mg</i>	13	GENOTROPIN MINIQUICK	
<i>caffeine w/ codeine</i>	1	FML.....	29	22
FIORINAL/CODEINE #3.....	1	FML FORTE.....	29	<i>gentamicin in saline</i>	4
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<i>butalbital-aspirin-caffeine</i>		see <i>fluorometholone</i>		<i>gentamicin sulfate (ophth)</i>	29
<i>w/cod</i>	1	(<i>ophth</i>).....	29	<i>gentamicin sulfate (topical)</i>	
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FLAREX.....	29	FORTEO.....	22	GEODON INJ.....	15
<i>flecainide acetate</i>	10	FORTESTA.....	18	GILENYA.....	17
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<i>glimepiride</i>	19	<i>halobetasol propionate</i>	34	HYCET	1
<i>glipizide</i>	19	HALOG	34	<i>hydralazine hcl</i>	12
<i>glipizide er tab 10mg</i>	19	<i>haloperidol</i>	15	HYDREA.....	8
<i>glipizide-metformin hcl</i>	19	<i>haloperidol decanoate</i>	15	<i>see hydroxyurea</i>	8
GLUCAGEN HYPOKIT	22	<i>haloperidol lactate</i>	15	<i>hydrochlorothiazide</i>	12
GLUCAGON EMERGENCY		HAVRIX	27	<i>hydrocodone-acetaminophen</i>	
KIT	22	HECTOROL.....	29	.....	1
GLUCOPHAGE.....	19	HELIDAC	24	<i>hydrocodone-ibuprofen</i>	1
<i>see metformin hcl</i>	19	HEP SOD/NACL INJ 25000		<i>hydrocortisone</i>	22
GLUCOPHAGE XR.....	19	.....	26	<i>hydrocortisone (intrarectal)</i>	
<i>see metformin hcl</i>	19	<i>heparin (porcine) in sodium</i>		.....	24
<i>see metformin tab 500mg</i>		<i>chloride</i>	26	<i>hydrocortisone (rectal)</i> 33, 34	
<i>er</i>	20	<i>heparin sod (porcine) in d5w</i>		<i>hydrocortisone (topical)</i>	34
GLUCOTROL.....	19	.....	26	<i>hydrocortisone butyrate</i>	34
<i>see glipizide</i>	19	HEPARIN SOD INJ 2000/ML		<i>hydrocortisone sod succinate</i>	
GLUCOTROL XL	19	.....	26	.....	22
<i>see glipizide</i>	19	<i>heparin sodium (porcine)</i> ..	26	<i>hydrocortisone valerate</i>	34
<i>see glipizide er tab 10mg</i>		HEPARIN		<i>hydrocortisone w/acetic acid</i>	
.....	19	SODIUM/SODIUM CHL		35
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<i>glyburide-metformin</i>	19	HEXALEN	7	<i>hydroxyzine hcl inj</i>	31
<i>glycopyrrolate</i>	24	HIPREX	6	<i>hydroxyzine pamoate</i>	31
GLYCRON	19	<i>see methenamine</i>		HYZAAR	9
GLYNASE	19	<i>hippurate</i>	6	<i>see losartan potassium &</i>	
<i>see glyburide micronized</i>		HIZENTRA.....	26	<i>hydrochlorothiazide</i>	9
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GLYSET.....	19	HUMALOG KWIKPEN	18	IBUDONE	
GOLYTELY	24	HUMALOG MIX 50/50	18	<i>see</i>	
<i>granisetron hcl</i>	23	HUMALOG MIX 50/50		<i>hydrocodone-ibuprofen</i> ...	1
GRANISOL	23	KWIKPEN	18	<i>ibuprofen</i>	3
GRIFULVIN V	5	HUMALOG MIX 75/25	18	IDAMYCIN PFS	7
<i>griseofulvin microsize</i>	5	HUMALOG MIX 75/25		<i>see idarubicin hcl</i>	7
GRIS-PEG	5	KWIKPEN	18	<i>idarubicin hcl</i>	7
<i>guanabenz acetate</i>	9	HUMATROPE.....	22	IFEX.....	7
<i>guanfacine hcl</i>	9	HUMATROPE COMBO		IFOSFAMIDE.....	7
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H		HUMULIN 70/30	18	<i>imipramine pamoate</i>	14
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HALDOL.....	15	HUMULIN N.....	18	IMITREX	16
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.....	15	(CONCENTR	18	REFILL	16
HALDOL DECANOATE 50		HYCANTIN	8	<i>see sumatriptan succinate</i>	
.....	15	<i>see topotecan hcl</i>	8	17

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.....	27	KINERET	26
IMURAN	27	KLARON	32
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INCRELEX	22	(<i>acne</i>)	32
<i>indapamide</i>	12	KLOR-CON M15	27
INDERAL LA	11	KOMBIGLYZE XR	19
INDOCIN	3	KRISTALOSE	24
<i>indomethacin</i>	3	K-TABS	27
INFANRIX	27	see <i>potassium chloride</i>	27
INFERGEN	26	KUVAN	21
INFUMORPH 200	2	L	
INFUMORPH 500	2	<i>labetalol hcl</i>	11
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INSPIRA	9	see <i>ammonium lactate</i>	34
see <i>epirolone</i>	9	see <i>lactic acid (ammonium</i>	
INSULIN PEN NEEDLES	18	<i>lactate)</i>	34
INSULIN SAFETY		LACRISERT	30
NEEDLES	18	<i>lactated ringer's</i>	28
INSULIN SYRINGES	18	<i>lactic acid (ammonium</i>	
INTELENCE	5	<i>lactate)</i>	34
INTRALIPID	28	<i>lactulose</i>	24
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INTRON-A	26	24
INTRON-A W/DILUENT	26	LAMICTAL	13
INTUNIV	16	see <i>lamotrigine</i>	13
INVANZ	6	LAMICTAL CHEWABLE	
INVEGA	15	DISPERS	13
INVEGA SUSTENNA	15	LAMICTAL ODT	13
INVIRASE	5	LAMICTAL STARTER/NOT	
IONOSOL-B/DEXTROSE		TAKI	13
5%	28	LAMICTAL	
IONOSOL-MB/DEXTROSE		STARTER/TAKING C	13
5%	28	LAMICTAL	
IONOSOL-T/DEXTROSE		STARTER/TAKING V	13
5%	28	LAMICTAL XR	13
IPOL INACTIVATED IPV	27	LAMISIL	5
<i>ipratropium bromide (nasal)</i>		see <i>terbinafine hcl</i>	5
.....	31	<i>lamotrigine</i>	13
<i>ipratropium sol inhal</i>	31	LANOXIN	11
<i>ipratropium-albuterol</i>	30	see <i>digoxin</i>	11
IRESSA	8	<i>lansoprazole</i>	25
IRINOTECAN	8	<i>lansoprazole odt</i>	25
ISENTRESS	5	LANTUS	18
ISOLYTE-H/DEXTROSE 5%		LANTUS SOLOSTAR	18
.....	28	LASIX	12
ISOLYTE-P/DEXTROSE 5%		LASTACRAFT	30
.....	28	<i>latanoprost</i>	30
ISOLYTE-S	28	LATUDA	15
ISOLYTE-S/DEXTROSE 5%		<i>leflunomide</i>	26
.....	28		
isoniazid	5		
isoniazid & rifampin	5		
ISOPTIN SR	11		
ISORDIL TITRADOSE	12		
isosorbide dinitrate	12		
isosorbide mononitrate	12		
isotretinoin cap 10 mg	32		
isradipine	11		
ISTALOL	30		
ISTODAX	7		
itraconazole	5		
IXEMPRA KIT	8		
IXIARO	27		
J			
JALYN	25		
JANUMET	19		
JANUVIA	19		
JE-VAX	27		
K			
KADIAN	2		
KALETRA	5		
KAYEXALATE	20		
see <i>sodium polystyrene</i>			
<i>sulfonate</i>	20		
KCL 0.15%/D10W/NACL			
0.2%	28		
KCL 0.15%/D5W/LR	28		
KCL 0.15%/D5W/NACL			
0.225%	28		
KCL 0.15%/D5W/NACL			
0.9%			
see <i>potassium chloride in</i>			
<i>dextrose & sodium</i>			
<i>chloride</i>	29		
KCL 0.3%/D5W/NACL 0.9%			
.....	28		
KEFLEX	4		
KENALOG	34		
KEPIVANCE	8		
KEPPRA	13		
see <i>levetiracetam</i>	13		
KEPPRA XR	13		
KERLONE	11		
see <i>betaxolol hcl</i>	11		
<i>ketoconazole</i>	5		
<i>ketoconazole (topical)</i>	33		
<i>ketoprofen</i>	3		
<i>ketorolac tromethamine</i>			

LESCOL.....	10	<i>lisinopril &</i>		LORCET PLUS.....	1
LESCOL XL	10	<i>hydrochlorothiazide</i>	9	LORTAB	1
LETAIRIS	12	LITHIUM CARB TAB 300MG		<i>losartan potassium</i>	10
<i>letrozole</i>	8	.....	17	<i>losartan potassium &</i>	
<i>leucovor ca inj</i>	8	<i>lithium carbonate</i>	17	<i>hydrochlorothiazide</i>	9
<i>leucovorin calcium</i>	8	LITHIUM CARBONATE		LOSEASONIQUE	20
LEUCOVORIN CALCIUM ...	8	<i>see lithium carbonate</i> ...	17	LOTEMAX	30
LEUKERAN.....	7	LITHIUM CITRATE	17	LOTENSIN.....	9
LEUKINE.....	26	LITHOBID	17	<i>see benazepril hcl</i>	9
<i>leuprolide acetate</i>	8	LIVALO	10	LOTENSIN HCT	9
LEUSTATIN	8	LO/OVRAL		<i>see benazepril &</i>	
<i>see cladribine</i>	8	<i>see norgestrel & ethinyl</i>		<i>hydrochlorothiazide</i>	8
<i>levabuterol hcl</i>	31	<i>estradiol</i>	21	LOTREL.....	9
LEVAQUIN.....	4	LO/OVRAL-28.....	20	<i>see amlodipine</i>	
LEVATOL.....	11	LOCOID	34	<i>besylate-benazepril hcl</i> ...	8
LEVEMIR	18	<i>see hydrocortisone</i>		LOTRONEX.....	24
LEVEMIR FLEXPEN.....	18	<i>butyrate</i>	34	<i>lovastatin</i>	10
<i>levetiracetam</i>	13	LOCOID LIPOCREAM.....	34	LOVAZA	10
<i>levobunolol hcl</i>	30	LODOSYN	15	LOVENOX	26
<i>levocarnitine (metabolic</i>		LOESTRIN 1.5/30-21.....	20	<i>see enoxaparin sodium</i> .	26
<i>modifiers)</i>	21	<i>see norethindrone acet &</i>		<i>loxapine succinate</i>	15
<i>levocetirizine tab 5 mg</i>	31	<i>eth estra</i>	21	LOXITANE.....	15
<i>levofloxacin (ophth)</i>	29	LOESTRIN 1/20-21.....	20	<i>see loxapine succinate</i> ..	15
<i>levonorgestrel & eth estradiol</i>		LOESTRIN 24 FE	20	LUFYLLIN.....	32
.....	20	LOESTRIN FE 1.5/30	20	LUMIGAN	30
<i>levonorgestrel (emergency</i>		<i>see norethin acet &</i>		LUNESTA	16
<i>oc)</i>	20	<i>estradiol-fe</i>	20	LUPRON DEPOT	8
<i>levonorgestrel-eth estradiol</i>		LOESTRIN FE 1/20	20	LUPRON DEPOT-PED.....	8
<i>(triphasic)</i>	20	LOFIBRA	10	LUVOX CR	13
<i>levonorgestrel-ethinyl</i>		<i>see fenofibrate</i>	10	LUXIQ.....	34
<i>estradiol (91-day)</i>	20	<i>see fenofibrate micronized</i>		LYBREL.....	20
<i>levorphanol tartrate</i>	2	.....	10	LYRICA.....	13
<i>levothyroxine sodium</i>	23	LOMOTIL	24	LYSODREN	8
<i>levoxyl</i>	23	<i>see diphenoxylate w/</i>		M	
LEXAPRO	14	<i>atropine</i>	24	MACROBID	6
LEXIVA	5	<i>loperamide hcl</i>	24	<i>see nitrofurantoin</i>	
LIALDA	24	LOPID	10	<i>monohyd macro</i>	6
<i>lidocaine</i>	34	<i>see gemfibrozil</i>	10	MACRODANTIN	6
<i>lidocaine hcl</i>	34	LOPRESSOR	11	<i>see nitrofurantoin</i>	
<i>lidocaine hcl (local anesth.)</i> .	3	<i>see metoprolol tartrate</i> ..	11	<i>macrocrystal</i>	6
<i>lidocaine hcl (mouth-throat)</i>		LOPRESSOR HCT	10	MACRODANTIN CAP 25MG	
.....	35	<i>see metoprolol &</i>		.....	6
<i>lidocaine-prilocaine</i>	34	<i>hydrochlorothiazide</i>	10	MAGNACET	2
LIDODERM.....	34	LOPROX.....	33	<i>magnesium sulfate</i>	27
<i>liothyronine sodium</i>	23	<i>see ciclopirox 0.77% crm,</i>		MAGNESIUM SULFATE ..	27
LIPITOR.....	10	<i>gel, susp</i>	33	MAGNESIUM SULFATE IN	
LIPOFEN.....	10	LOPROX SHAMPOO.....	33	D5W.....	28
LIPOSYN II	28	<i>see ciclopirox shampoo</i>		MALARONE	5
LIPOSYN III	28	1%.....	33	<i>malathion</i>	35
<i>lisinopril</i>	9	LORCET 10/650	1	<i>maprotiline hcl</i>	14

MARINOL.....23	<i>bromide</i> .....17	<i>metronidazole vaginal</i>.....25
see <i>dronabinol</i>.....23	MESTINON TIMESPAN...17	MEVACOR .....10
MARPLAN.....14	METADATE CD .....16	<i>mexiletine hcl</i>.....10
MATULANE .....8	METAGLIP.....19	MIACALCIN .....20
MAVIK.....9	see <i>glipizide-metformin hcl</i>	see <i>calcitonin (salmon)</i> .20
see <i>trandolapril</i>.....9	.....19	MICARDIS .....10
MAXALT.....16	<i>metaxalone</i> .....17	MICARDIS HCT.....9
MAXALT-MLT .....16	<i>metformin hcl</i> .....19	<i>miconazole nitrate vaginal</i> 25
MAXIDEX.....30	<i>metformin tab 500mg er</i> ...20	MICROZIDE .....12
MAXIDONE.....1	<i>methadone hcl</i> .....2	see <i>hydrochlorothiazide</i> 12
MAXITROL.....29	METHADONE HCL.....2	MIDAMOR
see	see <i>methadone hcl</i>.....2	see <i>amiloride hcl</i> .....12
<i>neomycin-polymy-dexamet</i>	<i>methazolamide</i> .....12	<i>midodrine hcl</i> .....12
<i>h</i> .....29	<i>methenamine hippurate</i> .....6	MIGERGOT .....16
MAXZIDE .....12	METHERGINE .....22	MIGRANAL.....16
MAXZIDE-25.....12	<i>methimazole</i> .....23	MILLIPRED.....22
<i>mebendazole</i> .....6	<i>methocarbamol</i> .....17	MINIPRESS.....9
<i>meclizine hcl</i> .....23	<i>methotrexate sodium</i> .....7	see <i>prazosin hcl</i> .....9
MEDROL.....22	<i>methotrexate tab 2.5mg</i> ...26	<i>minitran</i>.....12
see <i>methylprednisolone</i> 22	<i>methscopolamine bromide</i> 24	MINOCIN .....4
MEDROL DOSEPAK .....22	<i>methyclothiazide</i> .....12	<i>minocycline hcl</i> .....4
<i>medroxyprogesterone</i>	<i>methylidopa</i> .....12	<i>minoxidil</i>.....12
<i>acetate</i> .....23	<i>methylidopa &</i>	MIRAPEX .....15
<i>medroxyprogesterone</i>	<i>hydrochlorothiazide</i>.....12	see <i>pramipexole</i>
<i>acetate (contraceptive)</i> .....20	METHYLIN.....16	<i>dihydrochloride</i>.....15
<i>mefenamic acid</i>.....3	<i>methylphenidate hcl</i>.....16	MIRAPEX ER .....15
<i>mefloquine hcl</i>.....5	<i>methylprednisolone</i>.....22	MIRCETTE
MEGACE ES.....8	<i>methylprednisolone acetate</i>	see <i>desogestrel-ethinyl</i>
MEGACE ORAL.....8	.....22	<i>estradiol (biphasic)</i>.....20
<i>megestrol acetate</i> .....8	<i>methylprednisolone sod succ</i>	<i>mirtazapine</i> .....14
<i>meloxicam</i>.....3	.....22	<i>misoprostol</i> .....24
<i>melphalan hcl</i>.....7	<i>metipranolol</i> .....30	<i>mitomycin</i> .....7
MENACTRA.....27	<i>metoclopramide hcl</i>.....23	<i>mitoxantrone hcl</i> .....8
MENEST .....21	<i>metolazone</i> .....12	M-M-R II W/DILUENT 10
MENOMUNE-A/C/Y/W-135	<i>metoprolol &</i>	DOS.....27
.....27	<i>hydrochlorothiazide</i>.....10	MOBIC.....3
MENOSTAR.....21	<i>metoprolol succinate</i> .....11	see <i>meloxicam</i> .....3
MENTAX.....33	<i>metoprolol tartrate</i>.....11	MODICON-28 .....20
MENVEO .....27	METOSOLV ODT .....23	<i>moexipril hcl</i>.....9
MEPRON .....6	METROCREAM.....35	<i>moexipril-hydrochlorothiazid</i>
<i>mercaptopurine</i> .....7	see <i>metronidazole</i>	<i>e</i>.....9
<i>meropenem</i>.....6	(<i>topical</i>) .....35	<i>mometasone furoate</i>.....34
MERREM.....6	METROGEL.....35	MONODOX.....4
see <i>meropenem</i> .....6	METROGEL-VAGINAL .....25	MONOKET .....12
<i>mesalamine</i>.....24	see <i>metronidazole vaginal</i>	see <i>isosorbide</i>
<i>mesna</i> .....8	.....25	<i>mononitrate</i> .....12
MESNEX.....8	METROLOTION .....35	MORPHINE SUL 20MG/ML
see <i>mesna</i>.....8	<i>metronidazole</i> .....6	ORAL SOL.....2
MESTINON.....17	<i>metronidazole (topical)</i>.....35	<i>morphine sulfate</i> .....2
see <i>pyridostigmine</i>	<i>metronidazole in nacl</i>.....6	MORPHINE SULFATE .....2

MOTOFEN	24	see <i>thiothixene</i>	16	NIMODIPINE	11
MOVIPREP	24	NAVELBINE		NIPENT	7
MOXATAG	4	see <i>vinorelbine tartrate</i> ...	7	see <i>pentostatin</i>	7
MOZOBIL	26	NEBUPENT	6	<i>nisoldipine</i>	11
MS CONTIN	2	NECON 10/11-28	20	NITRO-BID	12
see <i>morphine sulfate</i>	2	<i>nefazodone hcl</i>	14	NITRO-DUR	12
MULTAQ	10	<i>neomycin sulfate</i>	4	see <i>minitran</i>	12
<i>mupirocin</i>	33	<i>neomycin/polymyxin b gu.</i> ..	35	see <i>nitroglycerin</i>	12
MUSTARGEN	7	<i>neomycin-bacitracin</i>		<i>nitrofurantoin</i>	6
MYAMBUTOL	5	<i>zn-polymyxin</i>	29	<i>nitrofurantoin macrocrystal</i> .	6
see <i>ethambutol hcl</i>	5	<i>neomycin-polymy-dexameth</i>		<i>nitrofurantoin monohyd</i>	
MYCAMINE	5	.....	29	<i>macro</i>	6
MYCELEX		<i>neomycin-polymy-gramicid</i>		<i>nitroglycerin</i>	12
see <i>clotrimazole</i>	4	.....	29	NITROLINGUAL	
MYCIBUTIN	5	<i>neomycin-polymyxin-hc</i>		PUMPSPRAY	12
<i>mycophenolate mofetil</i>	27	(<i>ophth</i>)	29	NITROMIST	12
MYFORTIC	27	<i>neomycin-polymyxin-hc (otic)</i>		NITROSTAT	12
MYOZYME	21	.....	35	<i>nizatidine</i>	24
MYSOLINE	13	NEORAL	27	NIZORAL	33
see <i>primidone</i>	13	see <i>cyclosporine modified</i>		see <i>ketoconazole (topical)</i>	
MYTELASE	17	(<i>for microemulsion</i>)	27	.....	33
N		NEOSPORIN	29	NORCO	1
<i>nabumetone</i>	3	see		NORDETTE-28	20
<i>nadolol</i>	11	<i>neomycin-polymy-gramicid</i>		see <i>levonorgestrel & eth</i>	
<i>nadolol &</i>		.....	29	<i>estradiol</i>	20
<i>bendroflumethiazide</i>	10	NEOSPORIN GU IRRIGANT		NORDITROPIN FLEXPRO	
<i>nafticillin sodium</i>	4	see <i>neomycin/polymyxin b</i>		.....	22
NAFTIN	33	<i>gu</i>	35	NORDITROPIN	
NAGLAZYME	21	NEPHRAMINE	28	NORDIFLEX PEN	22
NALFON	3	NEPTAZANE		<i>norethin acet & estrad-fe</i> ..	20
NALLPEN/DEXTROSE	4	see <i>methazolamide</i>	12	<i>norethindrone & eth estradiol</i>	
<i>naloxone hcl</i>	18	NEULASTA	26	.....	20
<i>naltrexone hcl</i>	18	NEUPOGEN	26	<i>norethindrone</i>	
NAMENDA	14	NEURONTIN	13	(<i>contraceptive</i>)	20
NAMENDA TITRATION PAK		see <i>gabapentin</i>	13	<i>norethindrone acet & eth</i>	
.....	14	NEVANAC	30	<i>estra</i>	21
<i>naphazoline hcl</i>	30	NEXAVAR	8	<i>norethindrone acetate</i>	23
NAPRELAN	3	NEXIUM	25	<i>norethindrone acetate-ethinyl</i>	
NAPROSYN	3	NEXIUM GRANULES	25	<i>estradiol</i>	21
see <i>naproxen</i>	3	NEXIUM I.V.	25	<i>norethindrone acetate-ethinyl</i>	
<i>naproxen</i>	3	<i>niacin</i>	10	<i>estradiol-fe</i>	21
<i>naproxen sodium</i>	3	NIASPAN	10	<i>norethindrone-eth estradiol</i>	
<i>naratriptan hcl</i>	17	<i>nicardipine hcl</i>	11	(<i>triphasic</i>)	21
NARDIL	14	NICOTROL INHALER	18	<i>norgestimate-ethinyl</i>	
see <i>phenelzine sulfate</i> ...	14	NICOTROL NS	18	<i>estradiol</i>	21
NASACORT AQ	32	<i>nifediac cc</i>	11	<i>norgestimate-ethinyl</i>	
NASONEX	32	<i>nifedical xl</i>	11	<i>estradiol (triphasic)</i>	21
NATACYN	29	<i>nifedipine</i>	11	<i>norgestrel & ethinyl estradiol</i>	
<i>nateglinide</i>	20	<i>nifedipine er</i>	11	.....	21
NAVANE	15	NILANDRON	8	NORINYL 1+35	21

NORITATE.....	35	OLEPTRO.....	14	OSMOPREP.....	24
NORMOSOL-R.....	28	OLUX-E.....	34	OVCON-35.....	21
NOROXIN.....	4	<i>omeprazole</i>	25	OVCON-50 28.....	21
NORPACE.....	10	OMNARIS.....	32	OVIDE.....	35
<i>see disopyramide</i>		OMNIPRED.....	30	<i>see malathion</i>	35
<i>phosphate</i>	10	<i>see prednisolone acetate</i>		<i>oxacillin sodium</i>	4
NORPACE CR.....	10	(<i>ophth</i>).....	30	OXALIPLATIN.....	8
NORPRAMIN.....	14	OMNITROPE.....	22	OXANDRIN.....	18
<i>see desipramine hcl</i>	14	<i>ondansetron</i>	23	<i>see oxandrolone</i>	18
NOR-QD.....	20	<i>ondansetron hcl</i>	23	<i>oxandrolone</i>	18
<i>see norethindrone</i>		<i>ondansetron inj</i>	23	<i>oxaprozin</i>	3
(<i>contraceptive</i>).....	20	ONGLYZA.....	20	<i>oxcarbazepine</i>	13
<i>nortriptyline hcl</i>	14	ONSOLIS.....	2	OXISTAT.....	33
NORVASC.....	11	ONTAK.....	7	OXSORALEN.....	34
<i>see amlodipine besylate</i>	11	OPANA.....	2	OXSORALEN ULTRA.....	33
NORVIR.....	5	<i>see oxymorphone hcl</i>	2	<i>oxybutynin chloride</i>	25
NOVANTRONE.....	8	OPANA ER.....	2	<i>oxycodone hcl</i>	2
NOVOLIN 70/30.....	18	OPTIPRANOLOL.....	30	OXYCODONE HCL.....	2
NOVOLIN N.....	18	<i>see metipranolol</i>	30	<i>oxycodone w/</i>	
NOVOLIN R.....	18	OPTIVAR.....	30	<i>acetaminophen</i>	2
NOVOLOG.....	18	<i>see azelastine hcl (ophth)</i>		<i>oxycodone-aspirin</i>	2
NOVOLOG FLEXPEN.....	18	.....	30	<i>oxycodone-ibuprofen</i>	2
NOVOLOG MIX 70/30.....	18	ORACEA.....	35	OXYCONTIN.....	2
NOVOLOG MIX 70/30		ORAMORPH SR.....	2	<i>oxymorphone hcl</i>	2
PREFILL.....	18	ORAP.....	15	OXYTROL.....	25
NOXAFIL.....	5	ORAPRED.....	22	P	
NUCYNTA.....	2	<i>see prednisolone sodium</i>		PACERONE.....	10
NUDEXTA.....	17	<i>phosphate</i>	22	PACERONE TAB 100MG.....	10
NULYTELY/FLAVOR		ORAPRED ODT.....	22	<i>paclitaxel</i>	7
PACKS.....	24	ORAVIG.....	35	PALGIC.....	31
<i>see peg 3350-potassium</i>		ORENCIA.....	26	<i>see carbinoxamine</i>	
<i>chloride-sod</i>		ORFADIN.....	21	<i>maleate</i>	31
<i>bicarbonate-sod chloride</i>		<i>orphenadrine citrate</i>	17	PAMELOR.....	14
.....	24	<i>orphenadrine w/ aspirin &</i>		<i>see nortriptyline hcl</i>	14
NUTROPIN.....	22	<i>caff</i>	17	<i>pamidronate disodium</i>	20
NUTROPIN AQ PEN.....	22	ORTHO EVRA.....	21	PAMIDRONATE DISODIUM	
NUVARING.....	21	ORTHO MICRONOR.....	21	.....	20
NUVIGIL.....	18	ORTHO TRI-CYCLEN		PAMINE.....	24
<i>nystatin</i>	5	<i>see norgestimate-ethinyl</i>		<i>see methscopolamine</i>	
<i>nystatin (mouth-throat)</i>	35	<i>estradiol (triphasic)</i>	21	<i>bromide</i>	24
<i>nystatin (topical)</i>	33	ORTHO TRI-CYCLEN LO.....	21	PAMINE FORTE.....	24
<i>nystatin pow 100000</i>	33	ORTHO-CEPT.....	21	PANCREAZE.....	24
O		ORTHOCLONE OKT3.....	27	PANDEL.....	34
<i>octreotide acetate</i>	22	ORTHO-CYCLEN.....	21	PANLOR SS.....	1
OCUFEN.....	30	<i>see norgestimate-ethinyl</i>		PANRETIN.....	34
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<i>see ofloxacin (ophth)</i>	29	<i>see norethindrone-eth</i>		<i>see chlorzoxazone</i>	17
<i>ofloxacin (ophth)</i>	29	<i>estradiol (triphasic)</i>	21	PARCOPA.....	15
<i>ofloxacin (otic)</i>	35	ORTHO-NOVUM 7/7/7-28 21		<i>see carbidopa-levodopa</i>	15

<i>parenteral electrolytes</i>	27		
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<i>see bromocriptine</i>			
<i>mesylate</i>	15		
PARNATE.....	14		
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<i>sulfate</i>	15		
<i>paromomycin sulfate</i>	4		
<i>paroxetine hcl</i>	14		
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PATADAY.....	30		
PATANASE.....	31		
PATANOL.....	30		
PAXIL.....	14		
<i>see paroxetine hcl</i>	14		
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PCE.....	4		
PEDIAPRED.....	22		
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<i>peg 3350-kcl-sod bicarb-sod</i>			
<i>chloride-sod sulfate</i>	24		
<i>peg 3350-potassium</i>			
<i>chloride-sod bicarbonate-sod</i>			
<i>chloride</i>	24		
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<i>penicillin g sodium</i>	4		
<i>penicillin v potassium</i>	4		
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<i>pentostatin</i>	7		
<i>pentoxifylline</i>	26		
PEPCID.....	24		
PEPCID I.V.....	24		
PERCOCET.....	2		
<i>see oxycodone w/</i>			
<i>acetaminophen</i>	2		
PERCODAN.....	2		
<i>see oxycodone-aspirin</i>	2		
PERFOROMIST.....	31		
PERIDEX			
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<i>gluconate (mouth-throat)</i>			
.....	35		
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PERIOSTAT.....	4		
<i>permethrin</i>	35		
<i>perphenazine</i>	15		
<i>perphenazine-amitriptyline</i>	18		
PERSANTINE.....	26		
<i>see dipyridamole</i>	26		
PEXEVA.....	14		
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<i>phenytoin</i>	13		
<i>phenytoin inj 50mg/ml</i>	13		
<i>phenytoin sodium extended</i>			
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<i>see calcium acetate</i>			
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<i>piperacillin</i>			
<i>sodium-tazobactam sodium</i> 4			
<i>piroxicam</i>	3		
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<i>see levonorgestrel</i>			
<i>(emergency oc)</i>	20		
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<i>see hydroxychloroquine</i>			
<i>sulfate</i>	26		
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ZOCOR.....	10	ZORBTIVE.....	22	ZYFLO CR.....	31
see <i>simvastatin</i>	10	ZORTRESS	27	ZYLET	29
ZOFRAN	23	ZOSTAVAX.....	27	ZYLOPRIM	1
ZOFRAN ODT.....	23	ZOSYN	4	see <i>allopurinol</i>	1
see <i>ondansetron</i>	23	see <i>piperacillin</i>		ZYMAR	29
ZOLINZA.....	7	<i>sodium-tazobactam</i>		ZYMAXID.....	29
ZOLOFT.....	15	<i>sodium</i>	4	ZYPREXA.....	16
see <i>sertraline hcl</i>	14	<i>zovia</i>	21	ZYPREXA ZYDIS	16
<i>zolpidem tartrate</i>	16	ZOVIRAX.....	6, 33	ZYTIGA.....	8
ZOMETA.....	20	see <i>acyclovir</i>	5	ZYVOX	7
ZOMIG	17	ZUPLENZ	23		

SILVERSCRIPT®



MedicareRx
Prescription Drug Coverage X

Phoenix AZ 85072-2425

Contact SilverScript (Employer PDP) for more information about our plans

NOTE: Please contact us for questions or concerns about your SilverScript Plan. Medicare representatives cannot answer questions about specific plan benefits.

For phone number or address changes, call Customer Care.

Prospective members

Call Customer Care at 8:00 a.m. to 2:00 a.m. ET, 7 days a week at:

1-866-808-7084

TTY: 1-866-552-6288

Current members

Call Customer Care 24 hours a day, 7 days a week at:

1-800-837-4092

TTY: 1-866-236-1069

P.O. Box 280200

Nashville TN 37228

For more information about Medicare

NOTE: Medicare representatives can only answer general questions about Medicare Part D prescription drug coverage. Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

For questions about specific Plan benefits, please call our Customer Care representatives.

This information is available for free in other languages. Please contact our Customer Care number at 1-800-837-4092 for additional information. (TTY users should call 1-866-236-1069). Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-800-837-4092 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069). El horario es las 24 horas al día, los 7 días de la semana. El Servicio al Cliente también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés.